


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90110 014 ****61.25

DOCUMENT # 720482				
1. Entity Name TAMARAC BY-THE-GULF, INC.				
Principal Place of Business 9099 141ST ST N SEMINOLE, FL 33776 US		Mailing Address 9099 141ST ST N SEMINOLE, FL 33776 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 23-7044325
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable
				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
HOFSTRA, PETER T ESQ 8640 SEMINOLE BLVD. SEMINOLE, FL 33772			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	
		Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
			Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	STATE TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTEIKA, FRAN		NAME	COOK, JANIS
STREET ADDRESS	14132 89TH AVE N		STREET ADDRESS	14275 86th Avenue
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	S	<input type="checkbox"/> Delete	TITLE	
NAME	DRERUP, BETTY		NAME	
STREET ADDRESS	14128 87TH AVE NO. # 1622		STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	
NAME	GAMBLE, ZARON		NAME	
STREET ADDRESS	9210-140TH LANE N.		STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	
NAME	THOMAS, GEORGE		NAME	
STREET ADDRESS	14059-90TH PLACE NO. # 262		STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	
NAME	TEYBER, BETTY		NAME	
STREET ADDRESS	9094 141ST ST NO. # 246		STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <i>Zaron K. Gamble</i>		ZARON K. GAMBLE		Date: 2-17-06 (227) 596-4386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				