

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **720415** (9)

1. Corporation Name

MAINLANDS OF TAMARAC SECTION EIGHT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5711 N W 67TH AVE
TAMARAC FL 33321**

**5711 N W 67TH AVE
TAMARAC FL 33321**



3. Date Incorporated or Qualified

03/04/1971

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-7096608

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEMARCONTONIO, ALBERT
5718 NW 68 AVE
TAMARAC FL 33321**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **DEMARCONTONIO, ALBERT**
STREET ADDRESS **5718 NW 68 AVE**
CITY - ST - ZIP **TAMARAC FL**

TITLE **VPD** ☒ DELETE

NAME **PICARDI, SAL**
STREET ADDRESS **6613 NW 57TH CT**
CITY - ST - ZIP **TAMARAC FL**

TITLE **AVPD** ☐ DELETE

NAME **FETTROW, LARRY**
STREET ADDRESS **6603 NW 58TH ST**
CITY - ST - ZIP **TAMARAC FL**

TITLE **TD** ☐ DELETE

NAME **PICARDI, LOIS**
STREET ADDRESS **6613 NW 57TH CT**
CITY - ST - ZIP **TAMARAC FL**

TITLE **SD** ☐ DELETE

NAME **MAILLOUX, LORRAINE**
STREET ADDRESS **5723 NW 65 WAY**
CITY - ST - ZIP **TAMARAC FL**

TITLE **MD** ☒ DELETE

NAME **SCHMIDT, MARY**
STREET ADDRESS **6706 NW 58 CT.**
CITY - ST - ZIP **TAMARAC FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96
Date

722-9168
Daytime Phone #

CR2E037 (3/96)