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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 1. Corporation Name N15631

(7)

## **FILED** Feb 06 1998 8:00am Secretary of State

TAMARAC GARDENS CONDOMINIUM NO. 8 ASSOCIATION, I									
Principal Plac	e of Business	Mailing Address					<b>i e</b> 191 <b>0</b> ) 1101 bioli 1		
O/O SUMMIT-PROPERTY MANAGEMENT P O BOX 189013 PLANTATION FL 33318		3/0-SUMMIT-PROPERTY-MANAGEMENT P O BOX 189013 PLANTATION FL 33318			<u> </u>	3. Date Incorporated or Qualified  06/27/1986  4. FEI Number   Applied For			
				•	4. [	59-2650546		<b>—</b>	ot Applicable
2. Principal P	Place of Business Castle Group	2a. Mailing Address 26 C/O Castle	e Group		<b>5.</b> Co	ertificate of Status Desir	ed $\square$	\$8.75	Additional equired
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	ection Campaign Financ		\$5.00	
City & Stat	2	City & State				ust Fund Contribution		Added t	
23		28			/. IS	this nonprofit corporation	on a nomeown	X associatio	nr
Zip	Country	Zip	Cour	ntry	8. Tr	nis corporation owes or I		urrent year In	tangible
24	25	29	30		Pe	ersonal Property Tax due	e June 30.	Yes [	□ No
	9. Name and Address of Cum	ent Registered Agent				ame and Address of N			
				81 Name Cas	tle Prop	erty Service	s Group.	Tnc.	
SERVICE	EN-GEETAMAZOZNEM,		-	82 Stree	t Address (P.O.	. Box Number is Not Ac	ceptable)		
4450 W. SUNRISE BLVD.			-						
SUITE 100-C				83					
PLANTA	TION FL 33318			84 City			FI	85 Zip	Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Sta	atutes, the ab	ove-name	d corporation s	ubmits this statement fo	r the purpose	of changing i	ts registered
office or r	to the provisions of Sections 617.0 registered agent, of both, in the Starm far fail are with and accept the ob-	ate of Florida. Such change wa ligations of Section 617.0503.	as authorized Florida Statu	l by the co ites.	rporation's boa	rd of directors. I hereby	accept the ap	pointment as	registered
	an augman, my, and accept the co	iiaminin oil coomoti o i i iocool							
	Milledane	<ul> <li>Gail H. Sangu</li> </ul>	mett, T	/ice P	resident	: - Administr	ation	1/7/9	8
SIGNATURE	Sphalure, typed or printed year) of registered	• Gail H. Sangu	mett, T	/ice P	resident		ation DATE	1/7/9	8
SIGNATURE	Signature, typed originated yierje of registered of OFFICERS A	Gail H. Sanguagent and title if applicable. (IND DIRECTORS	nett, \ NOTE Registered 13.	7ICE P	resident		ation DATE	1/7/9 ID DIRECTOR	8 IN 12
SIGNATURE .	Sprature, typed or printed name of registered of PD	Gail H. Sangu	nett, \ NOTE: Registered 13.	7ICE P Agent signatu LE	resident	nstaling)	ation DATE	1/7/9	8 IN 12
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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 chapter on an attagment with an address.

GOSSELIN, President 1/7/98 (954) 792-6000