

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15631** (7)

1. Corporation Name

TAMARAC GARDENS CONDOMINIUM NO. 8 ASSOCIATION, INC.



Principal Place of Business c/o SUMMIT PROPERTY MANAGEMENT P O BOX 189013 PLANTATION FL 33318	Mailing Address c/o SUMMIT PROPERTY MANAGEMENT P O BOX 189013 PLANTATION FL 33318
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3. Date Incorporated or Qualified 06/27/1986
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4. FEI Number 59-2650546	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 c/o Castle Group	2a. Mailing Address 26 c/o Castle Group
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent SUMMIT PROPERTY MANAGEMENT, INC. 4450 W. SUNRISE BLVD. SUITE 100-C PLANTATION FL 33318	
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10. Name and Address of New Registered Agent	
81 Name Castle Property Services Group, Inc.	
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 <i>Gail H. Sangunett</i>	Gail H. Sangunett, Vice President - Administration 1/7/98

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	ROGER GOSSELIN
STREET ADDRESS	9741 W MCNAB RD
CITY-ST-ZIP	TAMARAC FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	HARRY JAST
STREET ADDRESS	9743 W MCNAB RD
CITY-ST-ZIP	TAMARAC FL
TITLE	ASD <input type="checkbox"/> DELETE
NAME	WINFRED MERGAMAN
STREET ADDRESS	9753 W MCNAB RD
CITY-ST-ZIP	TAMARAC FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	SAVINO, LUCILLE
STREET ADDRESS	9763 W. MCNAB RD.
CITY-ST-ZIP	TAMARAC FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	RICHARD MALL
STREET ADDRESS	9731 W MCNAB RD
CITY-ST-ZIP	TAMARAC FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TYNDALL, LOUIS
STREET ADDRESS	9757 W. MCNAB RD.
CITY-ST-ZIP	TAMARAC FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T.D FINE, FLORENCE
5.3 STREET ADDRESS	9764 W. MCNAB RD. # 116
5.4 CITY-ST-ZIP	TAMARAC FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.
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SIGNATURE: <i>Roger Gossein</i>	ROGER GOSSELIN, President 1/7/98 (954) 792-6000
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CR2E037 (10/97)