

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N15631**

1. Entity Name

TAMARAC GARDENS CONDOMINIUM NO. 8 ASSOCIATION, I**FILED****Feb 19, 2000 8:00 am**
Secretary of State

02-19-2000 90011 022 ****61.25

Principal Place of Business

Mailing Address

C/O CASTLE GROUP
P O BOX 189013
PLANTATION FL 33318
USC/O CASTLE GROUP
P O BOX 189013
PLANTATION FL 33318-9013
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

59-2650546

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**~~CASTLE PROPERTY SERVICES GROUP~~
4450 W. SUNRISE BLVD.
SUITE 100-C
PLANTATION FL 33318Name **Castle Management, Inc.**

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.

SIGNATURE

Gail H. Sangunett, Vice President**1/28/00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **PD** ☐ Delete
NAME **ROGER GOSSELIN**
STREET ADDRESS **9729 W MCNAB RD**
CITY-ST-ZIP **TAMARAC FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **HARRY JAST**
STREET ADDRESS **9705 W MCNAB RD**
CITY-ST-ZIP **TAMARAC FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **WINFRED MERGAMAN**
STREET ADDRESS **9753 W MCNAB RD**
CITY-ST-ZIP **TAMARAC FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **SAVINO, LUCILLE**
STREET ADDRESS **9763 W. MCNAB RD.**
CITY-ST-ZIP **TAMARAC FL**TITLE ☐ Change ☒ Addition
NAME **ALFANO, JAMES**
STREET ADDRESS **9741 W. MCNAB RD.**
CITY-ST-ZIP **TAMARAC, FL**TITLE **TD** ☐ Delete
NAME **FINE, FLORENCE**
STREET ADDRESS **9769 W MCNAB RD #116**
CITY-ST-ZIP **TAMARAC FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Roger Gosselin, President 1/28/00 (954) 792-6000**

Date

Daytime Phone #