

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90275 044 ****61.25

94062707



DOCUMENT # 720415 1. Entity Name MAINLANDS OF TAMARAC SECTION EIGHT ASSOCIATION, INC.					
Principal Place of Business 5711 N W 67TH AVE TAMARAC, FL 33321			Mailing Address 5711 N W 67TH AVE TAMARAC, FL 33321		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 23-7096608				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMARCAANTONIO, ALBERT 5718 NW 68 AVE TAMARAC, FL 33321				7. Name and Address of New Registered Agent <i>Malay S. Shashna</i> Street Address (P.O. Box Number is Not Acceptable) 2531 Wilson Blvd City Sumner FL Zip Code 33522	
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: <i>Malay S. Shashna</i> DATE: 4/1/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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					
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMARCAANTONIO, ALBERT		NAME		
STREET ADDRESS	5718 NW 68 AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, SALLY		NAME		
STREET ADDRESS	5715 NW 65TH AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORGAN, TOM		NAME		
STREET ADDRESS	6713 NW 58 CT		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D,P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLOUX, LORRAINE		NAME		
STREET ADDRESS	5723 NW 65 WAY		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNITZER, AGNES		NAME		
STREET ADDRESS	5723 NW TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>Malay S. Shashna</i> DATE: 4/1/04 DAYTIME PHONE #: 984-748-6182 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					