

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90036 012 ****61.25

DOCUMENT # 814298

1. Entity Name
TAROMINA APTS. INC.



Principal Place of Business
**1936 S OCEAN DRIVE
HALLANDALE, FL 33009**

Mailing Address
**1936 S OCEAN DRIVE
HALLANDALE, FL 33009**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0933047

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALABRO, CARMELA
1936 SOUTH OCEAN DRIVE
18A
HALLANDALE BEACH, FL 33009**

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **DEMARCO, JOHN**
STREET ADDRESS **1936 S OCEAN DR, APT 24C**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **T** ☒ Delete
NAME **ORTEGA, JULIA**
STREET ADDRESS **1936 S OCEAN DR, APT 14C**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **S** ☒ Delete
NAME **SCARLISE, CARL**
STREET ADDRESS **1936 S OCEAN DR, APT 22A**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **S** ☒ Delete
NAME **PAVLOVA, IRINA**
STREET ADDRESS **1936 S. OCEAN DR APT 11D**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **1V** ☐ Delete
NAME **CALABRO, CARMELA**
STREET ADDRESS **1936 S OCEAN DR 18A**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **V** ☒ Delete
NAME **VARVARO, ANTHONY**
STREET ADDRESS **1936 SO OCEAN DRIVE APT 16C**
CITY-ST-ZIP **HALLANDALE, FL 33009**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☒ Addition
NAME **THEILER, CAROL**
STREET ADDRESS **1936 S OCEAN DR, APT 10A**
CITY-ST-ZIP **HALLANDALE BEACH FL 33009**

TITLE **T** ☒ Change ☒ Addition
NAME **SIMON FARAH**
STREET ADDRESS **1936 S OCEAN DR, APT 7D**
CITY-ST-ZIP **HALLANDALE BEACH FL 33009**

TITLE **S** ☒ Change ☒ Addition
NAME **VARELA-SUAREZ, MIRIAM**
STREET ADDRESS **1936 S OCEAN DR, APT D9**
CITY-ST-ZIP **HALLANDALE BEACH FL 33009**

TITLE **V** ☒ Change ☒ Addition
NAME **TEDESCO, JOHN**
STREET ADDRESS **19 WASHINGTON AVE**
CITY-ST-ZIP **WESTPORT CT 06880**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Change ☒ Addition
NAME **KUCHEROVSKY, JOSEPH**
STREET ADDRESS **1936 S OCEAN DR, APT 16A**
CITY-ST-ZIP **HALLANDALE BEACH FL 33009**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Carol Theiler **CAROL THEILER**

14 Mar 2008 **954 7071432**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #