

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15631

FILED
Feb 21, 2009
Secretary of State

Entity Name: TAMARAC GARDENS CONDOMINIUM NO. 8 ASSOCIATION, INC.

Current Principal Place of Business:

9835 NW 68TH PL
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

C/O CASTLE GROUP
P O BOX 559009
FORT LAUDERDALE, FL 33355 US

New Mailing Address:

FEI Number: 59-2650546 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THE LAW OFFICE OF KATZMAN & KORR, P.A.
1501 NORTHWEST 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOSSELIN, ROGER
Address: 9729 W MCNAB RD #108
City-St-Zip: TAMARAC, FL 33321

Title: SD () Delete
Name: SCHIANO, KATHY
Address: 9709 W MCNAB ROAD #103
City-St-Zip: TAMARAC, FL 33321

Title: VPD () Delete
Name: ADELSON, SAMUEL
Address: 9767 MCNAB RD #215
City-St-Zip: TAMARAC, FL 33321

Title: TD () Delete
Name: SMITH, GARY
Address: 9745 W MCNAB RD #110
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: SCHIANO, GERALD
Address: 9709 W MCNAB RD #103
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FRANCIS, DEBRA
Address: 9713 W MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PACIFICO, VITO
Address: 9711 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A DONNELLY

MGR

02/21/2009

Electronic Signature of Signing Officer or Director

Date