# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#720415**

Apr 28, 2009 Secretary of State

Entity Name: MAINLANDS OF TAMARAC SECTION EIGHT ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

5711 N W 67TH AVE TAMARAC, FL 33321

**Current Mailing Address: New Mailing Address:** 

5711 N W 67TH AVE TAMARAC, FL 33321

FEI Number: 23-7096608 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHNAITMAN, TRACEY 2531 ARAGON BLVD. SUNRISE, FL 33322

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:

Title:

Date

### Electronic Signature of Registered Agent

#### **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete MAGUIRE, MARY MARCELLINO, MICHAEL Name: Name: 5711 NW 67 AVE Address: 5711 NW 67 AVE Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 US

Title: PD Title: ( ) Delete (X) Change ( ) Addition DUNPHY, ROBERT Name: BEAN, GARY Name:

Address: 6805 W 58 CT Address: 5711 NW 67 AVENUE City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 US

Title: VPD Title: (X) Change ( ) Addition () Delete

GARY, BEAN SCHAFER, CLIFFORD Name: Name: Address: 5711 NW 67 AVE Address: 5711 NW 67 AVE City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 US

Title: TRD ( ) Delete Title: SD (X) Change ( ) Addition

Name: WEVI, JUDITH Name: LYNN, PATTI Address: 5711 W 67 AVE Address: 5711 W 67 AVE

City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 US

Title: () Delete Title: (X) Change ( ) Addition CARNEY, SALLIE ORGAN, THOMAS Name: Name: 5711 NW 67 AVE 5711 NW 67 AVE Address: Address:

City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 US

() Delete ( ) Change (X) Addition CHERNEY, WILLIAM Name: Name: 5711 NW 67 AVE Address: Address: TAMARAC, FL 33321 US City-St-Zip: City-St-Zip:

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.

Title:

SIGNATURE: MICHAEL MARCELLINO PD 04/28/2009