

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720415

Entity Name: MAINLANDS OF TAMARAC SECTION EIGHT ASSOCIATION, INC.**FILED**
Jun 30, 2020
Secretary of State
2762887067CC**Current Principal Place of Business:**5711 NW 67TH AVE
TAMARAC, FL 33321**Current Mailing Address:**5711 NW 67 AVE
TAMARAC, FL 33321**FEI Number: 23-7096608****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MILBERG KLEIN PL
5550 GLADES RD
#500
BOCA RATON, FL 33431 US*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: PAUL MILBERG, ESQUIRE****06/30/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT, DIRECTOR
Name MAGUIRE, MARY
Address 5711 NW 67 AVENUE
City-State-Zip: TAMARAC FL 33321**Title** DIRECTOR
Name VILLALON, TERESA
Address 5711 NW 67 AVE
City-State-Zip: TAMARAC FL 33321**Title** DIRECTOR, TREASURER
Name MANSARAM, LALCHAN
Address 5711 NW 67 AVE
City-State-Zip: TAMARAC FL 33321**Title** DIRECTOR
Name IRVIN, JANE
Address 5711 NW 67 AVE
City-State-Zip: TAMARAC FL 33321**Title** DIRECTOR
Name HUBLER, CAROL
Address 5711 NW 67 AVE
City-State-Zip: TAMARAC FL 33321**Title** DIRECTOR, SECRETARY
Name OLSHAN, SHELLY
Address 5711 NW 67 AVE
City-State-Zip: TAMARAC FL 33321**Title** DIRECTOR
Name LEIGHT, SHARON
Address 5711 NW 67 AVE
City-State-Zip: TAMARAC FL 33321

I hereby 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 all other like empowered.

SIGNATURE: MARY MAGUIRE**PRESIDENT****06/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date