

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720415

**FILED**  
**Jan 06, 2016**  
**Secretary of State**  
**CC0462529797**

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

**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:**

GELLER-SCHNAITMAN, TRACEY S  
2531 ARAGON BLVD.  
SUNRISE, FL 33322 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           HARTMANN, JULIE  
Address        5711 NW 67 AVE  
City-State-Zip: TAMARAC FL 33321

Title           PRESIDENT, DIRECTOR  
Name           YERIAN, RUSSELL  
Address        5711 NW 67 AVENUE  
City-State-Zip: TAMARAC FL 33321

Title           VP, DIRECTOR  
Name           FRONEK, JOSEPH  
Address        5711 NW 67 AVE  
City-State-Zip: TAMARAC FL 33321

Title           DIRECTOR  
Name           LONG, KATHI  
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           SECRETARY, DIRECTOR  
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:** RUSSELL YERIAN

**PRESIDENT**

**01/06/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date