

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720415

Entity Name: MAINLANDS OF TAMARAC SECTION EIGHT ASSOCIATION, INC.**FILED**
Apr 29, 2013
Secretary of State
CC6077944990**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	LYNN, PATTI
Address	5711 NW 67 AVE
City-State-Zip:	TAMARAC FL 33321

Title	PRESIDENT, DIRECTOR
Name	CANORA, NICK
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	D
Name	LONG, KATHI
Address	6406 NW 57 COURT
City-State-Zip:	TAMARAC FL 33321

Title	DT
Name	MANSARAM, LALCHAN
Address	5711 NW 67 AVE
City-State-Zip:	TAMARAC FL 33321

Title	SECRETARY, DIRECTOR
Name	OLSHAN, SHELLEY
Address	5711 NW 67 AVE
City-State-Zip:	TAMARAC FL 33321

Title	DIRECTOR
Name	WILDER, DAN
Address	5721 NW 68 TERRACE
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: NICK CANORA**PRESIDENT****04/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date