

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

DOCUMENT# 726927

**FILED**  
**Jan 11, 2016**  
**Secretary of State**  
**CC9656551392**

**Entity Name:** TAMARAC FAIRWAYS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CAMPBELL PROPERTY MANAGEMENT  
8010 N UNIVERSITY DRIVE  
TAMARAC, FL 33321

**Current Mailing Address:**

C/O CAMPBELL PROPERTY MANAGMENT  
8010 N UNIVERSITY DRIVE  
TAMARAC, FL 33321 US

**FEI Number:** 59-1671402

**Certificate of Status Desired:** No

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

KAYE BENDER REMBAUM, P.L.  
1200 PARK CENTRAL BLVD SOUTH  
POMPANO BEACH, FL 33064 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            PRESIDENT, VP  
Name            LONGO, JACK  
Address        8105 NW 61ST ST  
                  APT A210  
City-State-Zip: TAMARAC FL 33321

Title            SECRETARY  
Name            MACK, JOHN  
Address        8305 NW 61ST ST  
                  APT 212C  
City-State-Zip: TAMARAC FL 33321

Title            TREASURER  
Name            JACKSON, GRACE  
Address        8205 NW 61ST ST  
                  APT B315  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            STORA, JAMES  
Address        8105 NW 61 STREET  
                  APT A209  
City-State-Zip: TAMARAC FL 33321

Title            PRESIDENT  
Name            DEL VALLE, KAREN E  
Address        8305 NW 61 STREET  
                  C302  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            SULLIVAN, MARJORIE  
Address        8405 NW 61 STREET  
                  D311  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            WISESL, FRIDA  
Address        8105 NW 61 STREET  
                  A311  
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:** KAREN DEL VALLE

**PRESIDENT**

**01/11/2016**

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

\_\_\_\_\_  
Date