FEI Numb	per: 59-2650546		Certificate of Status Desired:		
Name and	d Address of Current Registered Ag	jent:			
The above na	med entity submits this statement for the purpose of c	changing its registered office or re	gistered agent, or both, in the State of Flo	orida.	
SIGNATU	IRE:				
Electronic Signature of Registered Agent					
Officer/Di	irector Detail :				
Title	PD	Title	TD		
Name	CURTIS , DEBRA	Name	SMITH, GARY B		
Address	9713 W MCNAB RD #104	Address	9745 W MCNAB RD #110		

## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15631

# Entity Name: TAMARAC GARDENS CONDOMINIUM NO. 8 ASSOCIATION, INC.

# **Current Principal Place of Business:**

9835 NW 68TH PL TAMARAC, FL 33321

### **Current Mailing Address:**

C/O CASTLE GROUP 12270 SW 3RD ST., SUITE 200 PLANTATION, FL 33325 US

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### C

Title	PD	Title	TD
Name	CURTIS , DEBRA	Name	SMITH, GARY B
Address	9713 W MCNAB RD #104	Address	9745 W MCNAB RD #110
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321
Title	SECRETARY		
Name	MAROTTA, MARCI		
Address	9751 W. MCNAB RD., #211		
Citv-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: DEBRA CURTIS

PRESIDENT

03/17/2016 Date

Electronic Signature of Signing Officer/Director Detail

No

Date