

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90066 026 ****61.25

DOCUMENT # 720324

1. Entity Name
TAMARAC LAKES NORTH ASSOCIATION, INC.



Principal Place of Business
**2600 NW 53 STREET
TAMARAC, FL 33309-9627**

Mailing Address
**2600 NW 53 STREET
TAMARAC, FL 33309-9627**

40104331



02092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6201646	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RAMPE, BEVERLY
2804 NW 51 PL
TAMARAC, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and fee if applicable.

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KANE, NANCY 2508 NW 51ST ST TAMARAC, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SABIO, JASON 2803 NW 51ST PL TAMARAC, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TP NEITSCHKE, MARY 2811 NW 52 CT TAMARAC, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NEITSCHKE, MARY 2811 NW 52ND CT TAMARAC, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GIANNOLA, KIRK 2719 NW 57TH PL TAMARAC, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **4-2-07** **954 731-9786**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #