

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 25, 2008 08:00 AM
Secretary of State

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



02052008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-6201646

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME KANE, NANCY
STREET ADDRESS 2509 NW 51ST ST
CITY-ST-ZIP TAMARAC, FL 33309

TITLE T
NAME SABIO, JASON
STREET ADDRESS 2803 NW 51ST PL
CITY-ST-ZIP TAMARAC, FL 33309

TITLE TP
NAME NEITSCHKE, MARY
STREET ADDRESS 2811 NW 52 CT
CITY-ST-ZIP TAMARAC, FL 33309

TITLE S
NAME NEITSCHKE, MARY
STREET ADDRESS 2811 NW 52ND CT
CITY-ST-ZIP TAMARAC, FL 33309

TITLE P
NAME GIANNOLA, KIRK
STREET ADDRESS 2719 NW 57TH PL
CITY-ST-ZIP 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:

Mary Lou Neitschke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/19/08