
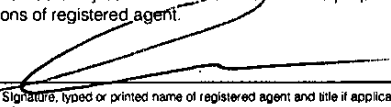
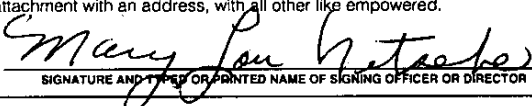


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAMPE, BEVERLY 2804 NW 51 PL TAMARAC, FL 33309				Name Straley 3 Otto, P.A. Street Address (P.O. Box Number is Not Acceptable) 2609 Stirling Road, Suite C-207 City Fort Lauderdale FL Zip Code 33312	
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.		Charles F. Otto, Esq. (NOTE: Registered Agent signature required when reinstating)	
DATE		6-11-08		DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
<input checked="" type="checkbox"/> Delete	VP KANE, NANCY	2509 NW 51ST ST	TAMARAC, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP Romero, obdulia
<input type="checkbox"/> Delete	SABIO, JASON	2803 NW 51ST PL	TAMARAC, FL 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition	SD 2712 N.W. 52nd Place
<input type="checkbox"/> Delete	NEITSCH, MARY	2811 NW 52 CT	TAMARAC, FL 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition	AD 500132596225
<input checked="" type="checkbox"/> Delete	NEITSCH, MARY	2811 NW 52ND CT	TAMARAC, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TD Wright, Sharon
<input checked="" type="checkbox"/> Delete	GIANNOLA, KIRK	2719 NW 57TH PL	TAMARAC, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D West, Candace
<input type="checkbox"/> Delete	Berry, Hayes	2518 NW 53 Street	TAMARAC, FL 33309	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Delite
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
DATE			DATE		
07/01/08			07/01/08		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -7 AM 10:51



06112008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6201646

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Straley 3 Otto, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
2609 Stirling Road, Suite C-207
City **Fort Lauderdale** FL Zip Code **33312**

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

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

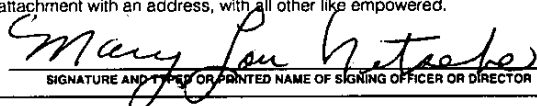
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
VP	KANE, NANCY	2509 NW 51ST ST	TAMARAC, FL 33309	<input checked="" type="checkbox"/> Delete
<input type="checkbox"/> Delete	SABIO, JASON	2803 NW 51ST PL	TAMARAC, FL 33309	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	NEITSCH, MARY	2811 NW 52 CT	TAMARAC, FL 33309	<input type="checkbox"/> Delete
<input checked="" type="checkbox"/> Delete	NEITSCH, MARY	2811 NW 52ND CT	TAMARAC, FL 33309	<input checked="" type="checkbox"/> Delete
<input checked="" type="checkbox"/> Delete	GIANNOLA, KIRK	2719 NW 57TH PL	TAMARAC, FL 33309	<input checked="" type="checkbox"/> Delete
<input type="checkbox"/> Delete	Berry, Hayes	2518 NW 53 Street	TAMARAC, FL 33309	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP	Romero, obdulia	2712 N.W. 52nd Place	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	SD	2609 Stirling Road, Suite C-207	TAMARAC, FL 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	AD	500132596225	07/09/08--01035--013	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TD	Wright, Sharon	2422 N.W. 52 Street	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D	West, Candace	2807 N.W. 52 Court	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Berry, Hayes	2518 NW 53 Street	TAMARAC, FL 33309	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #