

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 733648**

1. Entity Name  
**TAMARAC PARK PROPERTY OWNERS ASSOCIATION,  
INC.**



Principal Place of Business  
**P. O. BOX 2741  
KEY WEST, FL 33045-2741 US**

Mailing Address  
**P. O. BOX 2741  
KEY WEST, FL 33045-2741 US**



01102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>59-1645197</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional<br/>Fee Required</b> |                               |

**6. Name and Address of Current Registered Agent**

**LUMMIS, LAURA  
88 SIRUS LANE  
KEY WEST, FL 33040**

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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 \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing,  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P,  
RIGGS, DONALD  
167 MARS LN  
KEY WEST, FL 33040**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
ROSS, PHILIP  
81 BOUDARY LN  
KEY WEST, FL 33040**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HUFF, KATHY A  
135 SEA LANE  
KEY WEST, FL 33040**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
LUMMIS, LAURA  
88 SIRUS LANE  
KEY WEST, FL 33040**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
OWENS, GLENDON  
184 VENUS LANE  
KEY WEST, FL 33040**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COOKSON, CARL  
104 SIRIUS LANE  
KEY WEST, FL 33040**

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02/11/08-80004-004 61.25

**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:**

*Donald C. Riggs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/27/08*  
Date

Daytime Phone #