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**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90225 049 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N31651**

1. Corporation Name

**TAMARAC TAXPAYERS CIVIC ASSOCIATION, INC.**

Principal Place of Business

6702 N.W. 74 AVE.  
HOUSE  
TAMARAC FL 33321  
US

Mailing Address

6702 NW 74 AVE  
TAMARAC FL 33321  
US



2. Principal Place of Business

21 *House*

22 *TAMARAC FL 33321*

23 *33321 BROWARD*

24

2a. Mailing Address

26 *House*

27 *TAMARAC FL 33321*

28 *33321 BROWARD*

29

3. Date Incorporated or Qualified

04/11/1989

4. FEI Number

65-0113233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

HUTT, BENJAMIN  
6702 N.W. 74 AVE.  
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Benjamin Hutt*

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/16/99*

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DT  
NAME BEN HUTT  
STREET ADDRESS 6702 NW 74 AVE  
CITY-ST-ZIP TAMARAC FL

TITLE DS  
NAME HELEN ROSEN  
STREET ADDRESS 7100 NW 89TH AVENUE  
CITY-ST-ZIP TAMARAC FL

TITLE DP  
NAME KLEIN, EDWARD  
STREET ADDRESS 9803 N.W. 67TH COURT  
CITY-ST-ZIP TAMARAC FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Benjamin Hutt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/16/99 1-954-728-9909*

CR2E037 (1/98)