

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11: 08

DOCUMENT # 716998 (0)

1. Corporation Name
MAINLANDS OF TAMARAC BY THE GULF, UNIT NO. THREE ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O JOAN BETNER 3821 97TH TERRACE N PINELLAS PARK FL 34666
C/O JOAN BETNER 3821 97TH TERRACE N PINELLAS PARK FL 34666

3. Date Incorporated or Qualified 08/13/1969 3a. Date of Last Report 04/18/1994
4. FEI Number 59-2261498 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FLORIDA CENTRAL MANAGEMENT
10161 49TH ST N
PINELLAS PARK FL 34666

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	KOPERNIK, WALTER
STREET ADDRESS	10035 39TH WAY
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	P
NAME	AURYANSEN, EUGENE C
STREET ADDRESS	3849 MAINLANDS BLVD, N.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	T
NAME	BETNER, JOAN
STREET ADDRESS	3821 97TH TERR N
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	S
NAME	PRELLE, JOAN
STREET ADDRESS	10033 37TH WAY
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	V
NAME	GRAHAM, CHARLES
STREET ADDRESS	3732 97TH TERR N.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	D
NAME	ZESKI, STANLEY
STREET ADDRESS	4023 101ST TERR
CITY-ST-ZIP	PINELLAS PARK, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEE ACKMAN	
1.3 STREET ADDRESS	3864 181 ST TERR N.	
1.4 CITY-ST-ZIP	PINELLAS PARK, FL	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CONNOLLY, ETHEL	
2.3 STREET ADDRESS	3925 MAINLANDS BLVD. N.	
2.4 CITY-ST-ZIP	PINELLAS PARK, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RYAN, LEW	
5.3 STREET ADDRESS	3816 101st TERRACE N.	
5.4 CITY-ST-ZIP	PINELLAS PARK, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *Joan Betner* 1-24-95 813-573-8520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Required When #)