

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 716998 (0)**

1. Corporation Name

**MAINLANDS OF TAMARAC BY THE GULF, UNIT NO. THREE ASSOCIATION, INC.**



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  
**02/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**59-2261498**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA CENTRAL MANAGEMENT  
10161 49TH ST N  
PINELLAS PARK FL 34666**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEE, ACKMAN</b>	
STREET ADDRESS	<b>3864 101ST TERRACE N</b>	
CITY - ST - ZIP	<b>PINELLAS PARK FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CONNOLLY, ETHEL</b>	
STREET ADDRESS	<b>3925 MAINLANDS BLVD., N</b>	
CITY - ST - ZIP	<b>PINELLAS PARK FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BETNER, JOAN</b>	
STREET ADDRESS	<b>3821 97TH TERR N</b>	
CITY - ST - ZIP	<b>PINELLAS PARK FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>PRELLE, JOAN</b>	
STREET ADDRESS	<b>10033 37TH WAY</b>	
CITY - ST - ZIP	<b>PINELLAS PARK FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>RYAN, LEW</b>	
STREET ADDRESS	<b>3816 101ST TERRACE N</b>	
CITY - ST - ZIP	<b>PINELLAS PARK FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZESKI, STANLEY</b>	
STREET ADDRESS	<b>4023 101ST TERR</b>	
CITY - ST - ZIP	<b>PINELLAS PARK, FL 00000</b>	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D BARBARA FIELD</b>
1.2 NAME	<b>3843 97TH TER. NO.</b>
1.3 STREET ADDRESS	<b>PINELLAS PARK FL 34666</b>
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D ER STROEBEL</b>
2.2 NAME	<b>4746 40TH ST.</b>
2.3 STREET ADDRESS	<b>PINELLAS PARK FL 34666</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Joan Betner Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**813-573-8520**

CR2E037 (12/95)