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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33782-4020



| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 08/13/1969 | 3a. Date of Last Report 02/02/1996 |
| 4. FEI Number 59-2261498 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

| | |
|--|---|
| 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEE, ACKMAN | 1.2 NAME | |
| STREET ADDRESS | 3864 101ST TERRACE N | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | PINELLAS PARK FL | 1.4 CITY - ST - ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONNOLLY, ETHEL | 2.2 NAME | |
| STREET ADDRESS | 3925 MAINLANDS BLVD., N | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | PINELLAS PARK FL | 2.4 CITY - ST - ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BETNER, JOAN | 3.2 NAME | |
| STREET ADDRESS | 3821 97TH TERR N | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | PINELLAS PARK FL | 3.4 CITY - ST - ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRELLE, JOAN | 4.2 NAME | |
| STREET ADDRESS | 10033 37TH WAY | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | PINELLAS PARK FL | 4.4 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RYAN, LEW | 5.2 NAME | |
| STREET ADDRESS | 3816 101ST TERRACE N | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | PINELLAS PARK FL | 5.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FIELD, BARBARA | 6.2 NAME | |
| STREET ADDRESS | 3843 97TH TERR. N. | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | PINELLAS PARK, FL 00000 | 6.4 CITY - ST - ZIP | |

14. I do 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.

SIGNATURE: Joan Betner - JOAN BETNER, TREAS. 1-3-97 813-573-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052210

CR2E037 (9/96)