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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90156 002 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 716998**

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

Principal Place of Business C/O JOAN BETNER 3821 97TH TERRACE N PINELLAS PARK FL 34666	Mailing Address C/O JOAN BETNER 3821 97TH TERRACE N PINELLAS PARK FL 34666
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2. Principal Place of Business 21 10161 49TH Street Suite, Apt. #, etc.	2a. Mailing Address 26 10161 49TH Street Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/13/1969
22 #1 City & State	27 #1 City & State	4. FEI Number 59-2261498
23 Pinellas Park, FL Zip Country 33782	28 Pinellas Park, FL Zip Country 33782	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24 Pinellas 25 9. Name and Address of Current Registered Agent	29 Pinellas 30 10. Name and Address of New Registered Agent	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	KURDYS, GENE	
STREET ADDRESS	3720 - 101ST AVE.	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CONNOLLY, ETHEL	
STREET ADDRESS	3925 MAINLANDS BLVD., N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JACOB, EARL	
STREET ADDRESS	3817 - 101ST. TER.	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PRELLE, JOAN	
STREET ADDRESS	10033 37TH WAY	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FONZI, PAT	
STREET ADDRESS	3910 - 97TH AVE.	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIELD, BARBARA	
STREET ADDRESS	3843 97TH TERR. N.	
CITY-ST-ZIP	PINELLAS PARK, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KOPERNIK, BLANCHE	
1.3 STREET ADDRESS	10035 39TH WAY	
1.4 CITY-ST-ZIP	PINELLAS PARK, FL 33782	
2.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BREEDEN, LES	
2.3 STREET ADDRESS	10041 40 STREET	
2.4 CITY-ST-ZIP	PINELLAS PARK, FL 33782	
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	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FIELD, BARBARA	
4.3 STREET ADDRESS	10033 37TH WAY	
4.4 CITY-ST-ZIP	PINELLAS PARK, FL 33782	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FINN, FRANCIS	
5.3 STREET ADDRESS	3950 MAINLANDSA BLVD.	
5.4 CITY-ST-ZIP	PINELLAS PARK, FL 33782	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PHILLIPS, BUD	
6.3 STREET ADDRESS	9840 39TH STREET	
6.4 CITY-ST-ZIP	PINELLAS PARK, FL 33782	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503(5)(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: EMILY J. HEDRICK 2/3/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)