

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

-DIVISION.OF.CORPORATIONS

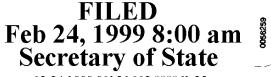
DOCUMENT # 716998

1. Corporation Name

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

Principal Place of Busines
C/O JOAN BETNER
3821 97TH TERRACE N
PINELLAS PARK FL 84666
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Marilian Adduses



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

Principal Place of Bus	oal Place of Business Mailing Address								
C/O JOAN BETHER					1 / 61 1 / 61 1 1 / 61 1 1 / 61 1 1 61				
3821 97TH TERRACE N PINELLAS PARK FL 94	i Rec	3821 9707 TERRACE N PIMELLAS PARK FL 24666						I e heli ildi	
FINELUSO FARIN PE NA	,	THE LEGIS TANK TE SECON			7 10 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,, 191, 9.0 0101			
2. Principal Place of E	Business	2a. Mailing Address			3. Date Incorporated or Qualifed				
				-	08/13/1969				
10161 49TH Suite, Apt. #, etc. Suite, Apt. #, etc.			-> t-1	eet	4. FEI Number		Api	olied For	
27					59-2261498		Not	Applicable	
City & State City & State							\$8.75 A		
			lc	FT.	5. Certifcate of Status Desired		Fee Re		
Country			Country		g 2 6. Election Campaign Financing		\$5.00	May Be	
24	33782	29 Dino 13 no 30]	33/	Trust Fund Contribution		Added to	•	
Pinellas ²³ 9: Name and Address of Current Registered Agent					10. Name and Address of New I	Registered A	Agent		
			81	Name					
ELABIBA AFLER	N. MANNA OFFICER		82						
FLORIDA CENTRAL MANAGEMENT				Street Ad	eet Address (P.O. Box Number is Not Acceptable)				
10161 49TH ST N			83	 					
PINELLAS PARK FL 34666									
			84	City		FL	85 Zip C	ode	
		-1 C47 4505 Flacida Chataina	*		marating submits this statement for the		hanging its	registered	
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		AIDTE O			uland unbarratelland	DATE		\	
Signature,	typed or printed name of registered agent a OFFICERS AND		13.	it signature req	uired when reinstating) APDITIONS/CHANGES TO OF	FICERS AN	DIRECTO	RS IN 12	
	OFFICERS AND	DELETE	1.1 TITLE				Change	Addition	
1	- I			ļ	KOPERNIK, BLANCHI	3		_	
I	The state of the s		1.2 NAME 1.3 STREET		10035 39TH WAY			-	
	101ST AVE.				PINELLAS PARK, FI	337	82		
	AS PARK FL 33782	☐ DELETE	1.4 CITY-S' 2.1 TITLE	1-ZIP	P		Change	Addition	
IIILE P		□ DECEIE]	BREEDEN, LES				
I	OLLY, ETHEL		2.2 NAME		10041 40 STREET			-	
	MAINLANDS BLVD., N		2.3 STREET	ADDRESS		337	0.2	İ	
CITY-ST-ZIP PINEL	AS PARK FL		2.4 CITY-S	T-ZIP	PINELLAS PARK, FI	, ,,,,	Change	☐ Addition	
TITLE		☐ DELETE	3.1 TITLE	ļ			☐ Citalige	[] Addition	
I	B, EARL		3.2 NAME					İ	
1	101ST. TER.		3.3 STREET	ADDRESS	•			ļ	
CITY-ST-ZIP PINELI	AS PARK FL 33782		34. CITY-S	T-ZIP				□ Addition	
TITLE S		☐ DELETE	4.1 TITLE	ĺ	S		☐ Change	Addition	
NAME PRELL	e, Joan		4. 2 NAME		FIELD, BARBARA				
STREET ADDRESS 10033	37TH WAY		4.3 STREET	T ADDRESS	10033 37TH WAY			1	
CITY-ST-ZIP PINELI	AS PARK FL		4.4 CITY-S	T-ZIP	-PINELLAS PARK. FI	337	82		
TITLE D		☐ DÉLETE	5.1 TITLE		D &		Change	☐ Addition	
NAME FONZ!	, PAT		5.2 NAME	ļ	FINN, FRANCIS			ļ	
I	97TH AVE.		5.3 STREET	ADDRESS	3950 MAINLANDSA B	LVD.]	
	AS PARK FL 33782		5.4 CITY-S	T-ZIP	PINELLAS PARK, FL		32		
TITLE D		☐ DELETE	6.1 TITLE		Ď	÷:=- *	☐ Change	☐ Addition	
1-	BARBARA		6.2 NAME	j	PHILLIPS, BUD			j	
	77TH TERR. N.		6.3 STREET	ADDRESS	9840 39TH STREET			Į	
,	AS PARK. FL 00000		6.4 CITY-S	T-ZIP	DIMENTIAS DADY EL	227	2.2	l	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 of on an attachment with an address, with all other like empowered.

SIGNATURE: