


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91051 043 ****61.25

DOCUMENT # 716998
1. Entity Name
MAINLANDS OF TAMARAC BY THE GULF, UNIT NO. THREE ASSOCIATION, INC.




Principal Place of Business Mailing Address
10161 49TH STREET 10161 49TH STREET
#L #L
PINELLAS PARK FL 33782 PINELLAS PARK FL 33782

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **59-2261498** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

MOORE CR2E037 (11/03)



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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	KURDYS, GENE	
STREET ADDRESS	3720 101 AV N	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BREEDEN, LESTER	
STREET ADDRESS	10041 40TH ST N	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACOB, EARL	
STREET ADDRESS	3721.97 TR N	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZRAFAS, ROSS	
STREET ADDRESS	3843 97TH TERR N	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, LEO	
STREET ADDRESS	3816 97TH AVE N	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Note: name correction
STREET ADDRESS	ZARFAS, ROSS
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Earl Jacob*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *04/17/04* Daytime Phone # *570-0779*