

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 # 719927 (6)
1. Corporation Name
THE MAINLANDS OF TAMARAC, NINTH SECTION, INC.



Principal Place of Business: **7112 NW 58TH ST TAMARAC FL 33321 US**
Mailing Address: **7112 NW 58TH STREET TAMARAC FL 33321 US**

3. Date Incorporated or Qualified: **12/22/1970**
3a. Date of Last Report: **06/26/1995**
4. FEI Number: **59-1447291**
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

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

9. Name and Address of Current Registered Agent
**ARGENTO, GLORIA
7317 N.W. 57TH CT.
TAMARAC FL 33321**

10. Name and Address of New Registered Agent
81 Name: **RICHARD HUDDLESTON**
82 Street Address (P.O. Box Number is Not Acceptable): **7413 NW 58 ST**
83
84 City: **TAMARAC** FL 85 Zip Code: **33321**

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: *Richard Huddleston* **RICHARD HUDDLESTON** 1/22/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HDDLESTON, RICAHDRS	
STREET ADDRESS	7413 NW 58TH ST	
CITY-ST-ZIP	TAMARAC FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CIFELLI, ANNA ROSE	
STREET ADDRESS	7311 NW 58 COURT	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TISDALE, HARRY	
STREET ADDRESS	7103 NW 57TH DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SNYDER, CAROL	
STREET ADDRESS	5720 NW 73D AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSEN, DORIS	
STREET ADDRESS	5711 NW 72ND AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GULOTTA, JOSEPH	
STREET ADDRESS	7011 N W 58 ST	
CITY-ST-ZIP	TAMARAC FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P RICHARD HUDDLESTON	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Richard Huddleston* **RICHARD HUDDLESTON, PRES.** 1/22/96
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)