


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 719927
 1. Entity 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

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02212005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-1447291
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCHNAITMAN, TRACEY S
 2531 ARAGON BLVD.
 SUNRISE, FL 33322

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNSBY, RONN 7102 NW 57 COURT TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHYDER, CAROL 5720 NW 73 AVE. TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, DORIS 5709 N.W. 70 TERR. TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ronn Hornsby 3/20/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR