

# 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 # **720638** (6)

1. Corporation Name

**MAINLANDS SECTION THREE ASSOCIATION, INC.**



Principal Place of Business

**4300 N W 46TH ST  
TAMARAC FL 33319**

Mailing Address

**4300 N W 46TH ST  
TAMARAC FL 33319**

3. Date Incorporated or Qualified  
**04/01/1971**

3a. Date of Last Report  
**01/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**59-1444564**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ACQUAVIVA, GEORGE R.  
4510 N.W. 45TH CT.  
TAMARAC FL 33319**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | PD                    | <input type="checkbox"/> DELETE            |
| NAME           | ACQUAVIVA, GEORGE R   |  |
| STREET ADDRESS | 4510 NW 45 CT         |  |
| CITY-ST-ZIP    | TAMARAC FL            |  |
| TITLE          | VD                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | CANZONERI, MARY       |  |
| STREET ADDRESS | 4507 NW 44 STR        |  |
| CITY-ST-ZIP    | TAMARAC FL            |  |
| TITLE          | VD                    | <input type="checkbox"/> DELETE            |
| NAME           | STEINBACH, DONALD     |  |
| STREET ADDRESS | 4401 NW 44 AVE        |  |
| CITY-ST-ZIP    | TAMARAC FL            |  |
| TITLE          | SD                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | BELLAFIORE, KATHERINE |  |
| STREET ADDRESS | 4507 N.W. 45 ST.      |  |
| CITY-ST-ZIP    | TAMARAC FL            |  |
| TITLE          | TD                    | <input type="checkbox"/> DELETE            |
| NAME           | BLANCHETTE, PATTI     |  |
| STREET ADDRESS | 4404 NW 43 TERR       |  |
| CITY-ST-ZIP    | TAMARAC FL            |  |
| TITLE          | TD                    | <input type="checkbox"/> DELETE            |
| NAME           | BOEHM, ROBERT J       |  |
| STREET ADDRESS | 4406 N.W.44 AVE.      |  |
| CITY-ST-ZIP    | TAMARAC FL            |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |  |
|-------------------|--|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME           |  |
| 13 STREET ADDRESS |  |
| 14 CITY-ST-ZIP    |  |
| 21 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           | VD   |
| 23 STREET ADDRESS | JOHNSON, INGER   |
| 24 CITY-ST-ZIP    | 4402 NW 44 AVE   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |  |
| 33 STREET ADDRESS |  |
| 34 CITY-ST-ZIP    |  |
| 41 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           | SD   |
| 43 STREET ADDRESS | MANNING, FAYLYN  |
| 44 CITY-ST-ZIP    | 4400 NW 45 CT  |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |  |
| 53 STREET ADDRESS |  |
| 54 CITY-ST-ZIP    |  |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |  |
| 63 STREET ADDRESS |  |
| 64 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, changed, or on an attachment with an address.

SIGNATURE:

*George R. Acquaviva*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

Date

Daytime Phone #

CR2E037 (12/95)