


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified

04/01/1971

4. FEI Number

59-1444564

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Mannina, Faylyn
82 Street Address (P.O. Box Number is Not Acceptable) 4300 N W 46th Street
83
84 City Tamarac
85 Zip Code FL 33319

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

Faylyn Mannina

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	AGQUAVVA, GEORGE R	
STREET ADDRESS	4510 NW 45 CT	
CITY - ST - ZIP	TAMARAC FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, INGER	
STREET ADDRESS	4402 NW 44TH AVE	
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	MANNINA, FAYLYN	
STREET ADDRESS	4400 NW 45TH CT	
CITY - ST - ZIP	TAMARAC FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BLANCHETTE, PATTI	
STREET ADDRESS	4404 NW 45 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		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mannina, Faylyn	
1.3 STREET ADDRESS	4400 NW 45 Court	
1.4 CITY - ST - ZIP	Tamarac, FL 33319	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wojcik, Sophia	
2.3 STREET ADDRESS	4409 NW 45 Court	
2.4 CITY - ST - ZIP	Tamarac, FL 33319	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Madancy-Barofsky, Frances	
4.3 STREET ADDRESS	4403 NE 45 Court	
4.4 CITY - ST - ZIP	Tamarac, FL 33319	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Watson, Anna Marie	
5.3 STREET ADDRESS	4404 NW 45 Court	
5.4 CITY - ST - ZIP	Tamarac, FL 33319	
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 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 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:

Faylyn Mannina

CR2E037 (10/97)