

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90079 013 ****61.25

0038266

DOCUMENT # 720638

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**

101270-90079-13



2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/01/1971

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

9. Name and Address of Current Registered Agent

**MANNINA, FAYLYN
4300 NW 46TH ST
TAMARAC FL 33319**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 4, 1999

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME PD
MANNIA, FAYLYN
STREET ADDRESS 4400 NW 45 COURT
CITY-ST-ZIP TAMARAC FL 33319**

TITLE ☐ DELETE

**NAME VD
WOJCIK, SOPHIA
STREET ADDRESS 4409 NW 45 COURT
CITY-ST-ZIP TAMARAC FL 33319**

TITLE ☐ DELETE

**NAME VD
STEINBACH, DONALD
STREET ADDRESS 4401 NW 44 AVE
CITY-ST-ZIP TAMARAC FL**

TITLE ☒ DELETE

**NAME SD
MADANCY-BAROFKY, FRANCES
STREET ADDRESS 4403 NE 45 COURT
CITY-ST-ZIP TAMARAC FL 33319**

TITLE ☐ DELETE

**NAME TD
WATSON, ANNA MARIE
STREET ADDRESS 4404 NW 45 COURT
CITY-ST-ZIP TAMARAC FL 33319**

TITLE ☐ DELETE

**NAME TD
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**50 JILLIAN SWEITZER
4407 NW 45th COURT
TAMARAC, FL 33319**

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, with all other like empowered.

SIGNATURE:

Faylynn Mannina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FAYLYN MANNINA
2-15-99**

Date

Daytime Phone #

9547307644

CR2E037 (11/98)