2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90997 013 ****61.25

DOCUMENT # 720638

1. Entity Name
MAINLANDS SECTION THREE ASSOCIATION,INC.

14018938

Principal Place of Business	Mailing Address
4300 N W 46TH ST TAMARAC, FL 33319	4300 N W 46TH ST TAMARAC, FL 33319

04122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1444564 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GBUR, DAVID 4505 NW 43RD TERRACE TAMARAC, FL 33319	Name: MORT, JAMES Street Address (P.O. Box Number is Not Acceptable): 4610 NW 45th STREET City: TAMARAC FL Zip Code: 33319

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

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GBUR, DAVID 4505 NW 43RD TERRACE TAMARAC, FL 33319	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORT, JAMES 4610 NW 45th STREET TAMARAC, FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEINBACH, DOROTHY 4401 NW 44TH STREET TAMARAC, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CARROLL, HARRIS 4600 NW 45TH COURT TAMARAC, FL 33319	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD YUNCKES, WARREN 4410 NW 45th STREET TAMARAC, FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EHRLICH, GLADYS 4404 NW 46TH STREET TAMARAC, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WATSON, ANNA MARIE 4404 NW 45 COURT TAMARAC, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOEHM, ROBERT J 4406 N.W.44 AVE. TAMARAC, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KOEPKE, DORIS 4408 NW 44th STREET TAMARAC, FL 33319	☐ Change ☒ Addition

12. 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 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: James L. Mort Jr. 4/24/04 954-592-9211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #