

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90039 013 ****61.25

DOCUMENT # 720638 1. Entity 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1444564	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KATZMAN, LEIGH, C 1501 NORTHWEST 49TH STREET SUITE 202 FORT LAUDERDAE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 WILLARETH, KENNETH 4401 NW 43RD AVE TAMARAC, FL 33319	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Vilella, William 4605 NW 45 th Street Tamarac, FL 33319	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ, JESUS 4303 NW 46 STREET TAMARAC, FL 33319	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Firm, Larry 4300 NW43rd Avenue Tamarac, FL 33319	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EHRlich, GLADYS 4401 NW 46TH STREET TAMARAC, FL 33319	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Willareth, Kenneth 4401 NW 43 rd Avenue Tamarac, FL 33319	☒ 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	SD Ehrlich, Gladys 4401 NW 46 th Street Tamarac, FL 33319	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VILLELLA, LINDA 4605 NW 45TH ST TAMARAC, FL 33319	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Watson, Anna Marie 4404 NW 45 th Court Tamarac, FL 33319	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, REA 4507 NW 45TH STREET TAMARAC, FL 33319	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Vilella, Linda 4605 NW 45 th Street Tamarac, FL 33319	☒ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Clara M. Vilella</u> <u>4/28/08</u> <u>954-817-8099</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					