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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 750304 (8)  
1. Corporation Name  
MAINLANDS OF TAMARAC BY THE GULF UNIT SIX ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/20/1979	3a. Date of Last Report 03/21/1994
4. FEI Number 59-2051066	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
% PROGRESSIVE MGMT. 2753 S.R. 580 STE. 207S. CLEARWATER FL 34621-3345		% PROGRESSIVE MGMT. 2753 S.R. 580 STE. 207S. CLEARWATER FL 34621-3345	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
			30

9. Name and Address of Current Registered Agent

REARDON, MAUREEN, C  
PROGRESSIVE MANAGEMENT INC  
2753 S.R. 580, SUITE 207  
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODIMAK, JOSEPH	1.2 NAME	KAULL, ELMER
STREET ADDRESS	9205 35TH STREET	1.3 STREET ADDRESS	9215 35TH STREET
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	PINELLAS PARK FL 34666
TITLE	VDT	2.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUGLIOTTA, TONY	2.2 NAME	
STREET ADDRESS	9160 35TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	
TITLE	D/V	3.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERMANN, MARTIN	3.2 NAME	RODIMAK, JOE
STREET ADDRESS	3565 93RD AVE	3.3 STREET ADDRESS	9205 35TH STREET
CITY-ST-ZIP	PINELLAS PARK FL	3.4 CITY-ST-ZIP	PINELLAS PARK FL 34666
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, EARL	4.2 NAME	
STREET ADDRESS	9242 38TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMMER, RAYMOND	5.2 NAME	TAUBERSMITH, BERNIE
STREET ADDRESS	9181 34TH WAY NORTH	5.3 STREET ADDRESS	9018 37TH STREET
CITY-ST-ZIP	PINELLAS PARK FL	5.4 CITY-ST-ZIP	PINELLAS PARK FL 34666
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANZEGRAF, HAROLD	6.2 NAME	
STREET ADDRESS	9185 34TH WAY	6.3 STREET ADDRESS	9195 35TH STREET
CITY-ST-ZIP	PINELLAS PARK FL	6.4 CITY-ST-ZIP	PINELLAS PARK FL 34666

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 if changed, or on an attachment with an address.

SIGNATURE: *Earl G. Clements* *Feb 2, 1995*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR