

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750304 (8)

1. Corporation Name

MAINLANDS OF TAMARAC BY THE GULF UNIT SIX ASSOCIATION, INC.



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 34621-33453. Date Incorporated or Qualified
12/20/19793a. Date of Last Report
03/01/19954. FEI Number
59-2051066Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.1506, 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

TITLE DV ☒ DELETE
NAME KAULL, ELMER
STREET ADDRESS 9251 35TH STREET
CITY-ST-ZIP PINELLAS PARK FL1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME CADOGAN, JACK
1.3 STREET ADDRESS 3555 93RD AVENUE
1.4 CITY-ST-ZIP PINELLAS PARK FL 34666TITLE TD ☐ DELETE
NAME GUGLIOTTA, TONY
STREET ADDRESS 9160 35TH ST
CITY-ST-ZIP PINELLAS PARK FL2.1 TITLE S/D ☐ Change ☒ Addition
2.2 NAME SALERNO, CONSTANCE
2.3 STREET ADDRESS 9124 37TH STREET NORTH
2.4 CITY-ST-ZIP PINELLAS PARK FL 34666TITLE DV ☐ DELETE
NAME RODIMAK, JOE
STREET ADDRESS 9205 35TH STREET
CITY-ST-ZIP PINELLAS PARK FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME CLEMENTS, EARL
STREET ADDRESS 9242 36TH STREET
CITY-ST-ZIP PINELLAS PARK FL4.1 TITLE V/D ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE DV ☐ DELETE
NAME TAUBERSMITH, BERNIE
STREET ADDRESS 9018 37TH STREET
CITY-ST-ZIP PINELLAS PARK FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME PANZEGRAF, HAROLD
STREET ADDRESS 9195 35TH STREET
CITY-ST-ZIP PINELLAS PARK FL6.1 TITLE V/D ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/8/96 8135761873

act
3/16/96