

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750304** (8)

1. Corporation Name

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



Principal Place of Business <b>% PROGRESSIVE MGMT. 2753 S.R. 580 STE. 207S. CLEARWATER FL 34621-3345</b>	Mailing Address <b>% PROGRESSIVE MGMT. 2753 S.R. 580 STE. 207S. CLEARWATER FL 34621-3345</b>
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3. Date Incorporated or Qualified  
**12/20/1979**

4. FEI Number  
**59-2051066**

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24 33761</b>	Country <b>25</b>
Zip <b>29 33761</b>	Country <b>30</b>

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** **FL** **85 Zip Code** **33761**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD RUGGIERO, LOUIS 9221 37TH ST PINELLAS PARK FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	TD GUGLIOTTA, TONY 9180 35TH ST PINELLAS PARK FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	S/D CADOGAN, JULIA
STREET ADDRESS		2.3 STREET ADDRESS	3555 93RD AVENUE
CITY - ST - ZIP		2.4 CITY - ST - ZIP	PINELLAS PARK FL 34666
TITLE	VD ERMANN, MARTIN 3565 93RD AVE N PINELLAS PARK FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	D
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	PD CLEMENTS, EARL 9242 36TH STREET PINELLAS PARK FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	THOMPSON, WALTER
STREET ADDRESS		4.3 STREET ADDRESS	3478 MAINLANDS BLVD.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	PINELLAS PARK FL 34666
TITLE	DV TAUBERSMITH, BERNIE 9018 37TH STREET PINELLAS PARK FL	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D
STREET ADDRESS		5.3 STREET ADDRESS	ROTHFUSS, JOHN
CITY - ST - ZIP		5.4 CITY - ST - ZIP	9235 36TH STREET PINELLAS PARK FL 33782
TITLE	SD SALERNO, CONSTANCE 9124 37TH STREET NORTH PINELLAS PARK FL 34066	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	LEWANDOWSKI, JAMES
CITY - ST - ZIP		6.4 CITY - ST - ZIP	3416 90TH TERRACE PINELLAS PARK FL 34666

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.

SIGNATURE: *Earl Clements Pres 2/5/98*

CR2E037 (10/97)