FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90109 007 ****61.25

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

1999

DOCUMENT # 750304

MAINLANDS OF TAMARAC BY THE GULF UNIT SIX ASSOCI ATION, INC.

Principal Place of Business % PROGRESSIVE MGMT. 2753 S.R. 580 STE. 207S. CLEARWATER FL 33761

2. Principal Place of Business

Mailing Address

2a. Mailing Address

% PROGRESSIVE MGMT. 2753 S.R. 580 STE. 207S. CLEARWATER FL 33761

|--|

3. Date Incorporated or Qualifed

21		26	Ť			12/20/1979			
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number	Applied For		
22		27				59-2051066	Not Applicable		
	City & State City & State					5. Certificate of Status Desired \$8.7	5 Additional		
23	28					5. Certificate of Status Desired Fee	Required		
Zip	Country Zip			Country		6. Election Campaign Financing \$5.1	\$5.00 May Be		
14	25 29 3					Trust Fund Contribution Add	Added to Fees		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
				81	Name				
REARDON, MAUREEN, C					12 Street Address (P.O. Box Number is Not Acceptable)				
PROGRESSIVE MANAGEMENT INC				02	82 Street Address (P.O. Box Number is Not Acceptable)				
2753 S.R. 580, SUITE 207				83					
CLEARWATER FL 33761				<u> </u>		lool 3	"- O- d-		
CLEARWATER PL 33701				84	City	FL 85 ²	ip Code		
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of m familiar with, and accept the obligation	Florid	da. Such change was auth	orized by	the corpo	d corporation submits this statement for the purpose of changing poration's board of directors. I hereby accept the appointment as	its registered registered		
SIGNATURE				· · · · · · · · · · · · · · · · · · ·		DATE:			
	Signature, typed or printed name of registered agent a			13.	it signature n	pnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.		OT TOLKO AND BIRLOTOKO		1.1 TITLE		Change Add			
TITLE	VD LOUIS		□ beceite				9 •		
NAME	RUGGIERO, LOUIS			1.2 NAME					
STREET ADORESS	9221 37TH ST			1.3 STREET					
CITY-ST-ZIP	PINELLAS PARK FL			1.4 CITY-S	r-zip		ge Addition		
TITLE	σ		☐ DELETE	2.1 TITLE		Chan	ge [] 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-S	T-ZIP		- 1.1.FE-		
TITLE	VD		☐ DELETE	3.1 TITLE	-	D Chan	ge		
NAME	ERMANN, MARTIN			3.2 NAME	1	1	ŗ		
STREET ADDRESS	3565 93RD AVE N			3.3 STREET	ADDRESS	1			
CITY-ST-ZIP	PINELLAS PARK FL			3.4. CITY-S	T-ZIP				
TITLE	PD		☐ DELETE	4.1 TITLE		D □ Chan	ge 💢 Addition		
NAME	CLEMENTS, EARL			4. 2 NAME		THOMPSON, WALTER			
STREET ADDRESS	9242 36TH STREET			4.3 STREET	ADORESS				
CITY-ST-ZIP	PINELLAS PARK FL			4.4 CITY-ST	T-ZIP	PINELLAS PARK FL 33782			
TITLE	D		DELETE	5.1 TITLE		D Chan	ge XAddition		
NAME	ROTHFUSS, JOHN			5.2 NAME		BRIZZOLARA, RICHARD			
STREET ADDRESS	9235 35TH STREET			5.3 STREET	ADDRESS	9035 37TH STREET			
CITY-ST-ZIP	PINELLAS PARK FL 33782			5.4 CITY-S1	r-zip	PINELLAS PARK FL 33782			
TITLE	D		☐ DELETE	6.1 TITLE		Chan	ge Addition		
NAME	LEWANDOSKI, JAMES			6.2 NAME					
STREET ADDRESS	3416 90TH TERRACE			6.3 STREET	ADDRESS				
CITY-ST-ZIP	PINELLAS PARK FL 34666		i	6.4 CITY-ST	r-zie				
ALL LANGUE TO LANGUE TO A LANG	CHILDRA CANALL CANAL					<u> </u>			

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, with at other like empowered.

SIGNATURE: