

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750304

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 59-2051066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, BRIAN K
9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEENER, RAY
Address: 9887 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VPD () Delete
Name: CHABOT, KATHY
Address: 9887 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: TD () Delete
Name: WOLFORD, DON
Address: 9887 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: SD () Delete
Name: DILUZIO, ESTELLA
Address: 9887 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D () Delete
Name: RAY, MELVIN
Address: 9887 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D () Delete
Name: CLEMENTS, EARL
Address: 9887 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LARUE, ADELLA
Address: 9887 FOURTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY KEENER

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date