

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 750304

FILED
Apr 15, 2003
Secretary of State

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

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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: VD () Delete
Name: PARKER, JOHN
Address: 9010 37TH WAY NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: PD () Delete
Name: CARRINGTON, KATHRYN
Address: 3654 90TH TERRACE
City-St-Zip: PINELLAS PARK, FL 33782

Title: TD () Delete
Name: JOHNSO, LARRY
Address: 9185 34TH WAY NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: D () Delete
Name: KEENER, WARREN
Address: 3686 90TH TERRACE
City-St-Zip: PINELLAS PARK, FL 33782

Title: D () Delete
Name: THOMPSON, WALTER
Address: 3478 MIANLANDS BLVD
City-St-Zip: PINELLAS PARK, FL 33782

Title: SD () Delete
Name: DILUZIO, ESTELLA
Address: 3570 90TH TERRACE
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 for the exemption stated in Section 119.07(3)(i), 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: KATHRYN CARRINGTON

PD

04/15/2003

Electronic Signature of Signing Officer or Director

Date

GERALD METKO, DIRECTOR
3635 91ST AVE N
PINELLAS PARK, FL 33782