


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N92000000957 (2)

1. Corporation Name
MAINLANDS MASTER ASSOCIATION, INC.



Principal Place of Business 10161 - 49TH STREET NORTH PINELLAS PARK FL 34666	Mailing Address 10161 - 49TH STREET NORTH PINELLAS PARK FL 34666
--	--

3. Date Incorporated or Qualified
12/28/1992

4. FEI Number
59-3160435

Applied For Not Applicable

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

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

**BRUDNY, MICHAEL J.
 4830 W. KENNEDY BLVD., SUITE 985
 ONE URBAN CENTRE
 TAMPA FL 33609**

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

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

TITILE	T	<input type="checkbox"/> DELETE
NAME	PEIL, GLEN	
STREET ADDRESS	9823-36TH WAY	
CITY-ST-ZIP	PINELLAS PARK FL	
TITILE	P	<input type="checkbox"/> DELETE
NAME	CONNOLLY, ETHEL	
STREET ADDRESS	3925 MAINLANDS BLVD.	
CITY-ST-ZIP	PINELLAS PARK FL 34666	
TITILE	S	<input type="checkbox"/> DELETE
NAME	HAHN, DICK	
STREET ADDRESS	9149-42ND LANE	
CITY-ST-ZIP	PINELLAS PARK FL	
TITILE	VD	<input type="checkbox"/> DELETE
NAME	DUGFFIELD, CLYDE (SKIP)	
STREET ADDRESS	9673 MAINLANDS BLVD. WEST	
CITY-ST-ZIP	PINELLAS PARK FL 34666	
TITILE	VD	<input type="checkbox"/> DELETE
NAME	ELLER, CONNIE	
STREET ADDRESS	9639 41ST ST	
CITY-ST-ZIP	PINELLAS PARK FL 34666	
TITILE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Ethel Connolly* **REQUIRED**

5 JAN 97

CR2E037 (10/97)