


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90010 008 ****61.25

DOCUMENT # N92000000957
 1. Entity Name
MAINLANDS MASTER ASSOCIATION, INC.



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

40033620



DO NOT WRITE IN THIS SPACE

02132008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
59-3160435 Not Applicable

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

6. Name and Address of Current Registered Agent
 WHITFIELD, ROBERT
 10161 49TH STREET
 MAINLANDS OF TAMARAC
 PINELLAS PARK, FL 33782

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Robert Whitfield Property Mgr.* DATE: *2-25-08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	RENFRO, CHET
STREET ADDRESS	3489-98TH TERR
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	S
NAME	KURDYS, GENE
STREET ADDRESS	3720-101ST AVE
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	P
NAME	DUFIELD, CLYDE (SKIP)
STREET ADDRESS	9895 MAINLANDS BLVD. W.
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	VP
NAME	ROSS, JOHN
STREET ADDRESS	4298 100TH AVE. N.
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	2VP
NAME	MASSEY, DONNA
STREET ADDRESS	9150-40 ST
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Chet Renfro* **Chet Renfro**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Feb 08 *727340 0267*
Date Daytime Phone #