

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000957

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** MAINLANDS MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

10161 - 49TH STREET NORTH  
PINELLAS PARK, FL 33782 US

**New Principal Place of Business:**

**Current Mailing Address:**

10161 - 49TH STREET NORTH  
PINELLAS PARK, FL 33782 US

**New Mailing Address:**

**FEI Number:** 59-3160435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITFIELD, ROBERT  
10161 49TH STREET  
MAINLANDS OF TAMARAC  
PINELLAS PARK, FL 33782 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: T  
Name: RENFRO, CHESTER  
Address: 3489-98TH TERR  
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: S  
Name: RYBKA, JOHN  
Address: 10045 39 WAY  
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: P  
Name: DUFFIELD, CLYDE (SKIP)  
Address: 9895 MAINLANDS BLVD. W.  
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: VP  
Name: RIPLEY, ROBERT  
Address: 10100 MAINLANDS BLVD W  
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: 2VP  
Name: LITCHFIELD, ROBERT  
Address: 9313 40 WAY N  
City-St-Zip: PINELLAS PARK, FL 33782 US

I hereby 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 all other like empowered.

SIGNATURE: CLYDE DUFFIELD

P

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date