FILE NOW: FILING FEE IS $61.25

FILED
Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718552 (3)

1. Corporation Name

MAINLANDS SECTION FOUR CIVIC AND RECREATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4630 NORTHWEST 46TH STREET TAMARAC FL 33319	4630 NORTHWEST 46TH STREET TAMARAC FL 33319-3889

3. Date Incorporated or Qualified: 05/19/1970
3a. Date of Last Report: 05/01/1996

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

4. FEI Number: 59-1430122 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GEBELL, ANTHONY
4637 N.W. 45TH CT.
TAMARAC FL 33319

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GEBELL, ANTHONY		1.2 NAME		
STREET ADDRESS	4637 NW 45TH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCGUIRE, BONNIE		2.2 NAME		
STREET ADDRESS	4706 N.W. 48TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LA FAYETTE, DORIS		3.2 NAME		
STREET ADDRESS	4513 NW 47TH TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COOK, BEVERLY D		4.2 NAME		
STREET ADDRESS	4636 N.W. 45TH COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		4.4 CITY-ST-ZIP		
TITLE	VPD	☑ DELETE	5.1 TITLE	VPD	☑ Change ☐ Addition
NAME	MURPHY, PAUL		5.2 NAME	Tony Prisby	
STREET ADDRESS	4516 NW 45TH TERRACE		5.3 STREET ADDRESS	4715 NW 48th Ave	
CITY-ST-ZIP	TAMARAC FL 33319		5.4 CITY-ST-ZIP	Tamarac FL 33319	
TITLE	SCD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	YAZBECK, RITA		6.2 NAME		
STREET ADDRESS	4904 N. 48TH AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 attached report with an address.

SIGNATURE: Beverly Cook — BEVERLY J. COOK - TREASURER — 3/24/97