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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name

718552

(3)

MAINLANDS SECTION FOUR CIVIC AND RECREATION ASSO

CIATION, INC. Principal Place of Business Mailing Address 4630 NORTHWEST 46TH STREET 4630 NORTHWEST 46TH STREET 3. Date Incorporated or Qualified TAMARAC FL 33319 TAMARAC FL 33319 05/19/1970 4. FEI Number Applied For 59-1430122 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 □ No 28 Yes Zip Country Country 6. This corporation owes or has paid the current year Intaptible Personal Property Tax due June 30. Yes Mo 24 25 29 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name GEBELL, ANTHONY 82 Street Address (P.O. Box Number is Not Acceptable) 4837 N.W. 45TH CT. 83 TAMARAC FL 33319 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE [7] DELETE Change 11 TITLE Addition GEBELL, ANTHONY NAME 1.2 NAME Sabring OLKER 4637 NW 45TH COURT STREET ADDRESS 1.3 STREET ADDRESS u(. 24 33B 19 TAMARAC FL 33319 CITY-ST-ZIP 1.4 CITY-ST-ZIP AMARIA

TITLE DELETE Change 2.1 TITLE Addition VP-D NAME MCGUIRE, BONNIE 22 NAME 19mes Bubd 4706 N.W. 48TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS 4703 TAMARAC FL 33319 CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE TITLE Change 3.1 TITLE Addition 5.7 LA FAYETTE, DORIS NAME 32 NAME DONIS a rayette 4513 NW 47TH TERRACE STREET ADDRESS 47th Kerrace 3.3 STREET ADDRESS NM 4513 TAMARAC FL 33319 CITY-ST-ZIP 3.4. CITY-ST-ZIP FL TITLE ☐ DELETE 4.1 TITLE Change Addition lave haar Eleanor NAME COOK, BEVERLY D 4. 2 NAME U7+6 4707 Terrace 4636 N.W. 45TH COURT STREET ADDRESS 4.3 STREET ADDRESS TAMARAC FL 33319 CITY-ST-7IP 4.4 CITY-ST-ZIP inuavac DELETE Change TITLE 5.1 TITLE Addition /P-D PRISBY, TONY Dasi: NAME 5.2 NAME och rane STREET ADDRESS 4715 NW 48TH AVE. 5.3 STREET ADDRESS NW 506 TAMARAC FL CITY-ST-ZIP 5.4 CITY - ST - ZIP nnac TITLE SCD DELETE 6.1 TITLE Change Addition 50-D Jan beck YAZBECK, RITA NAME 6.2 NAME STREET ADDRESS 4904 N. 48TH AVENUE 6.3 STREET ADORESS **५€**०५

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 arn 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 officer or director of the corporation or the receiver or trustee empower Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FILED

Mar 25 1998 8:00am

Secretary of State