SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90076 050 ****61.25
07-12-1999 90014 018 ****61.25

DOCUMENT # 718552 ✓

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
1	26	05/19/1970
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27	4. FEI Number 59-1430122 ☐ Applied For ☐ Not Applicable
City & State 3	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 4 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GEBELL, ANTHONY 4637 N.W. 45TH CT. TAMARAC FL 33319	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	VOLKER, SABRINA		1.2 NAME		
STREET ADDRESS	4624 NW 44TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	SULEL, JAMES		2.2 NAME	GEBELL, ANTHONY	
STREET ADDRESS	4703 NW 44TH CT		2.3 STREET ADDRESS	4637 N.W. 45 CT	
CITY-ST-ZIP	TAMARAC FL 33319		2.4 CITY-ST-ZIP	TAMARAC, FL 33319	
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	KAVELEAR, ELEANOR		4.2 NAME		
STREET ADDRESS	4707 NW 47TH TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COCHRANE, DAVID		5.2 NAME		
STREET ADDRESS	4506 NW 48TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 3319		5.4 CITY-ST-ZIP		
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		

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, with all other like empowered.

SIGNATURE: E. Gebell SIGNATURE REQUIRED — 7-7-99 — 733-0045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)