

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90013 049 ****61.25

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DOCUMENT # 718552 1. Entity Name MAINLANDS SECTION FOUR CIVIC AND RECREATION ASSOCIATION, INC.					
Principal Place of Business 4630 NORTHWEST 46TH STREET TAMARAC, FL 33319			Mailing Address 4630 NORTHWEST 46TH STREET TAMARAC, FL 33319		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01102006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-1430122	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERT KAYE & ASSOCIATES, P.A. 6261 NW 6TH WAY FT LAUDERDALE, FL 33309				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALLIE, BILL 4723 NW 48 AVENUE TAMARAC, FL 33319	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHERRY TAYLOR 4701 N.W. 45 CT TAMARAC FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOGG, PERRY 4722 NORTHWEST 44TH COURT TAMARAC, FL 333193615	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ARTHUR STAYROS 4639 N.W. 44 CT TAMARAC FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LA FAYETTE, DORIS 4513 NW 47TH TERRACE TAMARAC, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM JOHNSTON, SUZANNE 4522 NORTHWEST 46TH WAY TAMARAC, FL 33319	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM THOMAS GORTON 4631 N.W. 44 CT TAMARAC FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAKER, CINDY 4612 NW 45 COURT TAMARAC, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT MORROW, MARJORIE 4909 NORTHWEST 48TH AVENUE TAMARAC, FL 33319	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT DOROTHY ROSS 4803 N.W. 48 AVE TAMARAC FL 33319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Arthur W Stavros</i> Arthur W Stavros			Date 1-20-06 Daytime Phone # 954-731-2260		