2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State
07-12-2007 90058 035 ****61.25

DOCUMENT # 718552

1. Entity 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

07062007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 STAYROS, ARTHUR 4639 NW 44 CT TAMARAC, FL 33319	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT-JERRY ISAACS 4516 MONTEREY DR TAMARAC, FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PM GORTON, THOMAS 4631 NW 44 CT TAMARAC, FL 33319	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT SHERRY L. TAYLOR 4701 N.W. 45 CT TAMARAC, FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SECRETARY LA FAYETTE, DORIS 4513 NW 47TH TERRACE TAMARAC, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PM GORTON, THOMAS 4631 NW 44 CT TAMARAC, FL 33319	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO-TREASURER MAINT BEVERLY J. COOK 4636 N.W. 45 CT. TAMARAC, FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BAKER, CINDY 4612 NW 45 COURT TAMARAC, FL 33319	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER OF MAINT. SUE LORIGAT 4638 N.W. 45 CT TAMARAC FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT CIVIC TREASURER ROSS, DOROTHY 4803 NW 48 AVE TAMARAC, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Sherry L. Taylor 7/06/07 954-731-4781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #