

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716568

**Entity Name:** MAINLANDS SECTIONS 1 AND 2 CIVIC ASSOCIATION, INC.**Current Principal Place of Business:**4301 MAINLAND DRIVE  
TAMARAC, FL 33319**Current Mailing Address:**4301 MAINLAND DRIVE  
TAMARAC, FL 33319**FEI Number:** 59-1731088**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SULLIVAN, KAREN  
441 SOUTH STATE ROAD7  
SUITE 20  
MARGATE, FL 33068 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WEST, MALAN  
Address        4512 NW 47TH STREET  
City-State-Zip: TAMARAC FL 33319

Title            VP  
Name            MCKEON, DAVID  
Address        4616 NW 47TH STREET  
City-State-Zip: TAMARAC FL 33319

Title            SEC  
Name            BERNIER, GUY  
Address        4113 NW 47 STREET  
City-State-Zip: TAMARAC FL 33319

Title            TREASURER  
Name            MCKEON, DAVID  
Address        4616 NW 47TH STREET  
City-State-Zip: TAMARAC FL 33319

Title            DIR  
Name            LAVOIE, MICHAEL  
Address        4517 NW 49TH DRIVE  
City-State-Zip: TAMARAC FL 33319

Title            DIRECTOR  
Name            PARKS, GWENDOLYN  
Address        4309 NW 47TH STREET  
City-State-Zip: TAMARAC FL

Title            DIRECTOR  
Name            STARN, CHARLES  
Address        4305 NW 47TH COURT  
City-State-Zip: TAMARAC FL

Title            DIRECTOR  
Name            BEATON, BRIAN  
Address        4106 NW 47TH STREET  
City-State-Zip: TAMARAC FL 33319

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MALAN WEST

PRESIDENT

02/06/2014

Electronic Signature of Signing Officer/Director Detail

Date