

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716998

**FILED**  
**Jan 15, 2018**  
**Secretary of State**  
**CC5693632593**

**Entity Name:** MAINLANDS OF TAMARAC BY THE GULF, UNIT NO. THREE ASSOCIATION, INC.

**Current Principal Place of Business:**

10161 49TH STREET NORTH, SUITE L  
PINELLAS PARK, FL 33782

**Current Mailing Address:**

10161 49TH STREET NORTH, SUITE L  
PINELLAS PARK, FL 33782 US

**FEI Number: 59-1514235**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KIRHAGIS, MOLLIE  
10161 49TH STREET NORTH, SUITE L  
PINELLAS PARK, FL 33782 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: DOMINICK SCANNAVINO**

**01/15/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            ENGSTROM, DEBRA  
Address        10161 49TH STREET NORTH, SUITE L  
City-State-Zip: PINELLAS PARK FL 33782

Title            VP, DIRECTOR  
Name            GEORGE, FRANK  
Address        10161 49TH STREET NORTH, SUITE L  
City-State-Zip: PINELLAS PARK FL 33782

Title            TREASURER, DIRECTOR  
Name            MANN, LAURA  
Address        10161 49TH STREET NORTH, SUITE L  
City-State-Zip: PINELLAS PARK FL 33782

Title            DIRECTOR  
Name            WHITE, BOB  
Address        10161 49TH STREET NORTH, SUITE L  
City-State-Zip: PINELLAS PARK FL 33782

Title            DIRECTOR  
Name            URQUHART, LLOYD  
Address        10161 49TH STREET NORTH, SUITE L  
City-State-Zip: PINELLAS PARK FL 33782

Title            DIRECTOR  
Name            MORRIS, RON  
Address        10161 49TH STREET NORTH, SUITE L  
City-State-Zip: PINELLAS PARK FL 33782

Title            SECRETARY, DIRECTOR  
Name            SMITH, SHARON  
Address        10161 49TH STREET NORTH, SUITE L  
City-State-Zip: PINELLAS PARK FL 33782

*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: DEBRA ENGSTROM**

**PRESIDENT**

**01/15/2018**

Electronic Signature of Signing Officer/Director Detail

Date