

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720638

Entity Name: MAINLANDS SECTION THREE ASSOCIATION,INC.**Current Principal Place of Business:**4300 NW 46TH STREET
TAMARAC, FL 33319**Current Mailing Address:**4300 NW 46TH STREET
TAMARAC, FL 33319 US**FEI Number:** 59-1444564**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAYE BENDER REMBAUM
MICHAEL BENDER
1200 PARK CENTRAL BLVD S
POMPANO BEACH, FL 33064 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	TREASURER
Name	VILLAFANA, STEVE
Address	4505 NW 44 STREET
City-State-Zip:	TAMARAC FL 33319

Title	SECRETARY
Name	EHRlich, SANDY
Address	4401 NW 46TH STREET
City-State-Zip:	TAMARAC FL 33319

Title	2ND VICE-PRESIDENT
Name	MARTINEZ, JAY
Address	4303 NW 46TH ST.
City-State-Zip:	TAMARAC FL 33319

Title	DIRECTOR
Name	LEKACZ, JACKIE
Address	4503 NW 45TH STREET
City-State-Zip:	TAMARAC FL 33319

Title	PRESIDENT
Name	LATINE, KENNETH
Address	4500 NW 46 STREET
City-State-Zip:	TAMARAC FL 33319

Title	1ST VICE-PRESIDENT
Name	NATION, TERRY
Address	4405 NW 46TH STREET
City-State-Zip:	TAMARAC FL 33319

Title	DIRECTOR
Name	COTE, LUCILLE
Address	4605 NW 44 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: LATINE , KENNETH

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02/13/2018

Electronic Signature of Signing Officer/Director Detail_____
Date