

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

DOCUMENT# 720718

**Entity Name:** MAINLANDS FIVE, INC.

**Current Principal Place of Business:**

4890 N.W. 50TH STREET  
TAMARAC, FL 33319

**Current Mailing Address:**

4890 NW 50TH STREET  
TAMARAC, FL 33319 US

**FEI Number:** 59-2351360

**Certificate of Status Desired:** No

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

KATZMAN GAEFINKEL & BERGER  
5297 WEST COPANS ROAD  
MARGATE, FL 33063 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 P  
Name TAYLOR, MICHAEL O  
Address 4952 N.W.48TH AVENUE  
City-State-Zip: TAMARAC FL 33319

Title VP  
Name POWELL, TREVOR  
Address 4720 N.W. 49TH DRIVE  
City-State-Zip: TAMARAC FL 33319

Title D  
Name BURGESS, SYBIL  
Address 4951 NW 48TH AVENUE  
City-State-Zip: TAMARAC FL 33319

Title D  
Name SHEA, JAMES E  
Address 4707 N.W.50TH STREET  
City-State-Zip: TAMARAC FL 33319

Title SECRETARY  
Name DAVIDSON, EVELYN  
Address 4961 NW 48TH AVENUE  
City-State-Zip: TAMARAC FL 33319

Title TREASURER  
Name TAYLOR, MARGARET  
Address 4952 NW 48TH AVENUE  
City-State-Zip: TAMARAC FL 33319

Title DIRECTOR  
Name CARLTON, VODNEY  
Address 4734 NW 49TH COURT  
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:** MARGARET TAYLOR

**TREASURER**

01/03/2014

Electronic Signature of Signing Officer/Director Detail

Date