

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

DOCUMENT# 750304

**FILED  
Apr 20, 2018  
Secretary of State  
CC9710849934**

**Entity Name:** MAINLANDS OF TAMARAC BY THE GULF UNIT SIX ASSOCIATION, INC.

**Current Principal Place of Business:**

7300 PARK STREET  
SEMINOLE, FL 33777

**Current Mailing Address:**

7300 PARK STREET  
SEMINOLE, FL 33777 US

**FEI Number:** 59-2051066

**Certificate of Status Desired:** No

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

WETHERINGTON HAMILTON, P.A.  
1010 N. FLORIDA AVENUE  
TAMPA, FL 33602 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           MOLLOY, JUDY  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title           VP  
Name           BLAKENEY, NORMAN  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title           TREASURER  
Name           HAUGHT, JOSEPH  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title           SECRETARY  
Name           CROWTHER, CHARLES  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title           DIRECTOR  
Name           CLARK, EILEEN  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title           DIRECTOR  
Name           WATSON, LYALL  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title           DIRECTOR  
Name           MCDONALD, GRADY  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

*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:** JUDY MOLLOY

**PRESIDENT**

**04/20/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date