

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90076 050 ****61.25
07-12-1999 90014 018 ****61.25

DOCUMENT # 718552 ✓

1. Corporation Name

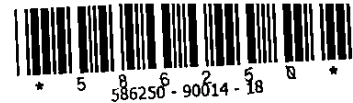
MAINLANDS SECTION FOUR CIVIC AND RECREATION ASSO
CIATION, INC.

Principal Place of Business

4630 NORTHWEST 46TH STREET
TAMARAC FL 33319

Mailing Address

4630 NORTHWEST 46TH STREET
TAMARAC FL 33319



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/19/1970	
2 City & State		27 City & State		4. FEI Number	
3 Zip		28 Zip		59-1430122	
Country		Country		Applied For	
25		29		Not Applicable	
30		31		5. Certificate of Status Desired <input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		\$8.75 Additional Fee Required	
GEBELL, ANTHONY		81 Name		6. Election Campaign Financing <input type="checkbox"/>	
4637 N.W. 45TH CT.		82 Street Address (P.O. Box Number is Not Acceptable)		\$5.00 May Be Added to Fees	
TAMARAC FL 33319		83		Trust Fund Contribution	
		84 City		85 Zip Code	
		FL			

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VOLKER, SABRINA			1.2 NAME			
STREET ADDRESS	4624 NW 44TH STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33319			1.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT		
NAME	SULEL, JAMES			2.2 NAME	GEBELL, ANTHONY		
STREET ADDRESS	4703 NW 44TH CT			2.3 STREET ADDRESS	4637 N.W. 45 CT		
CITY-ST-ZIP	TAMARAC FL 33319			2.4 CITY-ST-ZIP	TAMARAC, FL 33319		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LA FAYETTE, DORIS			3.2 NAME			
STREET ADDRESS	4513 NW 47TH TERRACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33319			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAVELEAR, ELEANOR			4.2 NAME			
STREET ADDRESS	4707 NW 47TH TERRACE			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33319			4.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COCHRANE, DAVID			5.2 NAME			
STREET ADDRESS	4506 NW 48TH AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33319			5.4 CITY-ST-ZIP			
TITLE	SCD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YAZBECK, RITA			6.2 NAME			
STREET ADDRESS	4904 N. 48TH AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33319			6.4 CITY-ST-ZIP			

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-99 733-0045

Date

Daytime Phone #

CR2E037 (5/99)