

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
May 04, 2004 8:00 am
Secretary of State
02-19-2004 90029 009 ****61.25

DOCUMENT # 718552					
1. Entity Name MAINLANDS SECTION FOUR CIVIC AND RECREATION ASSOCIATION, 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1430122	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GEBELL ANTHONY THELMA ZIMBEROFF 4637 N.W. 45TH CT. TAMARAC FL 33319					
7. Name and Address of New Registered Agent THELMA ZIMBEROFF 4521 MONTEREY DR TAMARAC, FL 33319					
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Thelma Zimberoff, President 4-28-04 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALINIER, MARIANNE 4713 N.W. 44 CT TAMARAC FL 33319 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. BILL VALLIE 4723 N.W. 48 AVE TAMARAC, FL 33319 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIMBEROFF, THELMA 4512 N.W. MONTEREY DRIVE TAMARAC FL 33319 ☐ Delete <i>last name spelled wrong + address wrong</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZIMBEROFF, Thelma 4521 Monterey Dr Tamarac, FL 33319 ☒ Change ☐ Addition President	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LA'FAYETTE, DORIS 4513 NW 47TH TERRACE TAMARAC FL 33318 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM ZIMBERHOFF, HAROLD 4512 NW MONTEREY DR. TAMARAC FL 33319 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GORTON, THOMAS 4638 NW 45 CT TAMARAC FL 33319 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CINDY BAKER 4621 N.W. 45 COURT TAMARAC 33319 ☒ Change ☐ Addition Maintenance Treasurer	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT KAVELAAR, ELEANOR 4707 NW 47 TERR TAMARAC FL 33319 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Eleanora Kavelaar - Civic Treas. 2-13-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Thelma Zimberoff, Pres. **3-23-04**