

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718552

FILED
Apr 22, 2008
Secretary of State

Entity Name: MAINLANDS SECTION FOUR CIVIC AND RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

4630 NORTHWEST 46TH STREET
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

4630 NORTHWEST 46TH STREET
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 59-1430122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES, P.A.
6261 NW 6TH WAY
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ISAACS, JERRY
Address: 4516 MONTEREY DR
City-St-Zip: TAMARAC, FL 33319

Title: V () Delete
Name: TAYLOR, SHERRY L
Address: 4701 NW 45 CT
City-St-Zip: TAMARAC, FL 33319

Title: SD () Delete
Name: LA FAYETTE, DORIS
Address: 4513 NW 47TH TERRACE
City-St-Zip: TAMARAC, FL 33319

Title: CTM () Delete
Name: COOK, BEVERLY
Address: 4636 NW 45 CT
City-St-Zip: TAMARAC, FL 33319

Title: TOM () Delete
Name: WRIGHT, SUE
Address: 4638 NW 45CT
City-St-Zip: TAMARAC, FL 33319

Title: CT () Delete
Name: ROSS, DOROTHY
Address: 4803 NW 48 AVE
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBERT, MALKOFF J
Address: 4722 NW 44TH CT
City-St-Zip: TAMARAC, FL 33319

Title: V (X) Change () Addition
Name: SCHWARTZ, LOIS
Address: 4702 NW 44TH CT
City-St-Zip: TAMARAC, FL 33319

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MEZA, GLORIA
Address: 4801 NW 48TH AVE
City-St-Zip: TAMARAC, FL 33319

Title: CTC (X) Change () Addition
Name: ROSS, DOROTHY
Address: 4803 NW 48 AVE
City-St-Zip: TAMARAC, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT J MALKOFF

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

Date