FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:08

DOCUMENT # 719576 (1)

1. Corporation Name
MAINLANDS OF TAMARAC BY THE GULF UNIT NO. 1 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10161 49TH ST., N. PINELLAS PARK FL 34666 US	10161 49TH ST N. PINELLAS PARK FL 34666 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1514233 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FL CENTRAL MANAGEMENT
28163 U.S. 19 N.
SUITE 202
CLEARWATER FL 33625

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P ☒ Change ☐ Addition
NAME	BRINTON, DONALD	1.2 NAME	DUFFIELD, CLYDE (SKIP)
STREET ADDRESS	9611 MAINLANDS BLVD	1.3 STREET ADDRESS	9673 MAINLANDS BLVD. W.
CITY-ST-ZIP	PINELLAS PARK, FL 00000	1.4 CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	MAURI, COSIMO	2.2 NAME	POURNARAS, TED
STREET ADDRESS	9530-45TH ST., N	2.3 STREET ADDRESS	4455 95th AVE. N.
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	T	3.1 TITLE	D ☒ Change ☐ Addition
NAME	POURNARAS, TED	3.2 NAME	BRIGGS, KEN
STREET ADDRESS	4455 95TH AVE	3.3 STREET ADDRESS	9356 45th ST. N.
CITY-ST-ZIP	PINELLAS PARK FL	3.4 CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	NIWINKSI, FLORENCE	4.2 NAME	
STREET ADDRESS	4510 98TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	VP ☒ Change ☐ Addition
NAME	AUGUSTINE, PAUL	5.2 NAME	PETERSON, LYLE
STREET ADDRESS	9348 45TH WAY	5.3 STREET ADDRESS	9450 MAINLANDS BLVD. W.
CITY-ST-ZIP	PINELLAS PARK FL	5.4 CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	V	6.1 TITLE	T ☒ Change ☐ Addition
NAME	DUFFIELD, CLYDE	6.2 NAME	BRINTON, DONALD
STREET ADDRESS	9673 MAINLANDS BLVD.	6.3 STREET ADDRESS	9611 MAINLANDS BLVD. W.
CITY-ST-ZIP	PINELLAS PARK FL	6.4 CITY-ST-ZIP	PINELLAS PARK, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] Treas. June 26, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020102