

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 719576 (1)

1. Corporation Name

MAINLANDS OF TAMARAC BY THE GULF UNIT NO. 1 ASSO
CIATION, 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

3. Date Incorporated or Qualified

10/26/1970

3a. Date of Last Report

02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

TITLE P
NAME DUFFIELD, CLYDE
STREET ADDRESS 9673 MAINLANDS BLVD. W.
CITY-ST-ZIP PINELLAS PARK, FL 00000

TITLE D
NAME POURNARAS, TED
STREET ADDRESS 4455 95TH AVE., N.
CITY-ST-ZIP PINELLAS PARK FL

TITLE D
NAME BRIGGS, KEN
STREET ADDRESS 9356 45TH ST., N
CITY-ST-ZIP PINELLAS PARK FL

TITLE S
NAME NIWINKSI, FLORENCE
STREET ADDRESS 4510 98TH TERRACE
CITY-ST-ZIP PINELLAS PARK, FL 00000

TITLE VP
NAME PETERSON, LYLE
STREET ADDRESS 9450 MAINLANDS BLVD. W
CITY-ST-ZIP PINELLAS PARK FL

TITLE T
NAME BRINTON, DONALD
STREET ADDRESS 9611 MAINLANDS BLVD. W.
CITY-ST-ZIP PINELLAS PARK FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P
Duffield, CLYDE
9673- mainlands Blvd. W.
Pinellas Park, FL 34666

D
POURNARAS, TED
4455-95th AVE. NO.
Pinellas Park, FL 34666

D
Joe Tucci
9645 45th St. N.
Pinellas Park, FL 34666

S
Carolyn Hill
9800 45th Way
Pinellas Park, FL 34666

VP
Ken Briggs
9356 45th NO.
Pinellas Park, FL 34666

T
Brinton, Donald
9611 Mainlands Blvd W.
Pinellas Park, FL 34666

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)(k), 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:

Clyde Duffield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-96

Date

Daytime Phone #

0015810

CR2E037 (3/96)