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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33782-3436
US



3. Date Incorporated or Qualified
10/26/1970

3a. Date of Last Report
07/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE
NAME	DUFFIELD, CLYDE	
STREET ADDRESS	9673 MAINLANDS BLVD. W.	
CITY-ST-ZIP	PINELLAS PARK, FL 00000	
TITLE	D	DELETE
NAME	POURNARAS, TED	
STREET ADDRESS	4455 95TH AVE., N.	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	DELETE
NAME	TUCCI, JOE	
STREET ADDRESS	9645 44TH ST NO	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	S	DELETE
NAME	HILL, CAROLYN	
STREET ADDRESS	9800 WAY	
CITY-ST-ZIP	PINELLAS PARK, FL 00000	
TITLE	VP	DELETE
NAME	BRIGGS, KEN	
STREET ADDRESS	9356 45TH NO	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	T	DELETE
NAME	BRINTON, DONALD	
STREET ADDRESS	9611 MAINLANDS BLVD. W.	
CITY-ST-ZIP	PINELLAS PARK FL	

1.1 TITLE	2nd VP	Change	Addition
1.2 NAME	Anderson Allen J.		
1.3 STREET ADDRESS	9620 45th way		
1.4 CITY-ST-ZIP	Pinellas Park, Fl.	Change	Addition
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	VP	Change	Addition
3.2 NAME	Tucci Joseph		
3.3 STREET ADDRESS	9645 44th St. N.		
3.4 CITY-ST-ZIP	Pinellas Park, Fl.	Change	Addition
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	D	Change	Addition
5.2 NAME	Cleland Walter		
5.3 STREET ADDRESS	9760 44th Way		
5.4 CITY-ST-ZIP	Pinellas Park, Fl.	Change	Addition
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE:

Clyde Duffield

1-8-96

546-2232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052210

CR2E037 (9/96)