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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998

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

4. FEI Number

59-1514233

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

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 VP
NAME ANDERSON ALLEN J.
STREET ADDRESS 9620 45TH WAY
CITY-ST-ZIP PINELLAS PARK, FL 00000

☐ DELETE

1.1 TITLE Treasurer
1.2 NAME Allen Anderson
1.3 STREET ADDRESS 9620-45th Way
1.4 CITY-ST-ZIP Pinellas Park, FL 33782

☒ Change

☐ Addition

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

☒ DELETE

2.1 TITLE Director
2.2 NAME Paul Osterman
2.3 STREET ADDRESS 4425-95th Avenue
2.4 CITY-ST-ZIP Pinellas Park, FL 33782

☐ Change

☒ Addition

TITLE VP
NAME TUCCI, JOE
STREET ADDRESS 9645 44TH ST NO
CITY-ST-ZIP PINELLAS PARK FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S
NAME HILL, CAROLYN
STREET ADDRESS 9800 WAY
CITY-ST-ZIP PINELLAS PARK, FL 00000

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME CLELAND WALTER
STREET ADDRESS 9760 44TH WAY
CITY-ST-ZIP PINELLAS PARK FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☒ DELETE

6.1 TITLE President
6.2 NAME Clyde Duffield
6.3 STREET ADDRESS 9673-Mainlands Blvd.
6.4 CITY-ST-ZIP Pinellas Park, FL 33782

☐ Change

☒ Addition

14. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-98

Date

Daytime Phone # 0074008

CR2E037 (10/97)