

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 28, 1999 8:00 am**  
**Secretary of State**

06-28-1999 90004 013 \*\*\*\*61.25

**DOCUMENT # 719576**

1. Corporation Name

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

Principal Place of Business

10161 49TH ST., N.  
PINELLAS PARK FL 34666  
US

Mailing Address

10161 49TH ST., N.  
PINELLAS PARK FL 34666  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date incorporated or Qualified

10/26/1970

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

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 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 ☐ DELETE

NAME ANDERSON ALLEN J.

STREET ADDRESS 9620 45TH WAY  
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE ☒ DELETE

NAME OSTERMAN, PAUL

STREET ADDRESS 4426 85TH AVE.  
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE ☒ DELETE

NAME TUCCI, JOE

STREET ADDRESS 9645 44TH ST NO  
CITY-ST-ZIP PINELLAS PARK FL

TITLE ☐ DELETE

NAME HILL, CAROLYN

STREET ADDRESS 9800 WAY  
CITY-ST-ZIP PINELLAS PARK, FL 00000

TITLE ☒ DELETE

NAME GLELAND WALTER

STREET ADDRESS 9760 44TH WAY  
CITY-ST-ZIP PINELLAS PARK FL

TITLE ☐ DELETE

NAME DUFFIELD, CLYDE

STREET ADDRESS 9673 MAINLANDS BLVD.  
CITY-ST-ZIP PINELLAS PARK FL 33782

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Add

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Add

2.2 NAME Litchfield, Robert

2.3 STREET ADDRESS 4391 95th Avenue  
2.4 CITY-ST-ZIP Pinellas Park, FL 33782

3.1 TITLE ☒ Change ☐ Add

3.2 NAME Copello, Lawrence

3.3 STREET ADDRESS 9800 45th Way  
3.4 CITY-ST-ZIP Pinellas Park, FL 33782 c

4.1 TITLE ☐ Change ☐ Add

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Add

5.2 NAME Pegnetter, Jack

5.3 STREET ADDRESS 9359 45th Street  
5.4 CITY-ST-ZIP Pinellas Park, FL 33782

6.1 TITLE ☐ Change ☐ Add

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Allen J. Anderson*  
Allen J. Anderson 727-562824  
7/6/99