

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91037 049 ****61.25

DOCUMENT # 719576

1. Entity Name

**MAINLANDS OF TAMARAC BY THE GULF UNIT NO. 1
ASSOCIATION, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1514233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FL CENTRAL MANAGEMENT
2430 ESTANCIA BOULEVARD
SUITE 114
CLEARWATER FL 33761**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ANDERSON ALLEN J. ☐ Delete
STREET ADDRESS 9620 45TH WAY
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE
NAME JONES, PATRICK ☒ Change ☐ Addition
STREET ADDRESS 9364 45 st. N
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE
NAME PALMISANO, GASPER ☐ Delete
STREET ADDRESS 4421 98TH AVE N
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE
NAME GANNON, KATHRYN ☒ Change ☐ Addition
STREET ADDRESS 9705 MAINLANDS BLVD
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE
NAME VPD JONES, PAT ☐ Delete
STREET ADDRESS 9364 45TH ST N
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE
NAME VPD DEFRANCO, HARRIET ☒ Change ☐ Addition
STREET ADDRESS 9765 44 WAY
CITY-ST-ZIP PINELLAS PARK, FL 33782

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D PEGNETTER, JACK ☐ Delete
STREET ADDRESS 9359 45TH ST
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME P DUFFIELD, CLYDE ☐ Delete
STREET ADDRESS 9673 MAINLANDS BLVD.
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #