


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90144 032 ****61.25

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| 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 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$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 MAINLANDS OF TAMARAC Street Address (P.O. Box Number is Not Acceptable) 10161 - 49TH ST City PINELLAS PARK 1 FL Zip Code 33782 | | |
| 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 <u><i>Robert Whitfield</i></u> 4-25-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JONES, PATRICK | | NAME | | |
| STREET ADDRESS | 9364 45 ST N | | STREET ADDRESS | | |
| CITY-ST-ZIP | PINELLAS PARK, FL 33782 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GANNON, KATHRYN | | NAME | | |
| STREET ADDRESS | 9705 MAINLANDS BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | PINELLAS PARK, FL 33782 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DEFRANCO, HARRIET | | NAME | | |
| STREET ADDRESS | 9765 44 WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | PINELLAS PARK, FL 33782 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HILL, CAROLYN | | NAME | | |
| STREET ADDRESS | 9800 WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | PINELLAS PARK, FL 00000, | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PEGNETTER, JACK | | NAME | | |
| STREET ADDRESS | 9359 45TH ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | PINELLAS PARK, FL 33782 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DUFFIELD, CLYDE | | NAME | | |
| STREET ADDRESS | 9673 MAINLANDS BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | PINELLAS PARK, FL 33782 | | 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: <u><i>Robert Whitfield</i></u> 4-25-05 727-513-8670 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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