


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90097 043 ****61.25

DOCUMENT # 719576 1. Entity Name MAINLANDS OF TAMARAC BY THE GULF UNIT NO. 1 ASSOCIATION, INC.	
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Principal Place of Business 10161 49TH ST., N. PINELLAS PARK, FL 34666 US	Mailing Address 10161 49TH ST., N. PINELLAS PARK, FL 34666 US
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40033682



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02122007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1514233	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAINLANDS OF TAMARAC 10161 49TH STREET PINELLAS PARK, FL 33782		7. Name and Address of New Registered Agent Name: Robert Whitfield Street Address (P.O. Box Number is Not Acceptable): Mainlands of Tamarac by the Gulf 10161 49th St. North City: Pinellas Park FL Zip Code: 33782	
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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: Robert Whitfield <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Property Manager <small>(NOTE: Registered agent signature required when reinstating)</small> DATE: 3-7-07

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, PATRICK 9364 45 ST N PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP George Thomas 4493-94 Terrace Pinellas Park FL 33782 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALTON, CHUCK 4885 94TH TERR PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Barry 4411-95 Street Pinellas Park FL 33782 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILL, CAROLYN 9800 WAY PINELLAS PARK, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEGNETTER, JACK 9359 45TH ST PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUFFIELD, CLYDE 9673 MAINLANDS BLVD. PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Tatiana <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-8-07 <small>Date Daytime Phone #</small>