

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719927

FILED  
Mar 27, 2012  
Secretary of State

**Entity Name:** THE MAINLANDS OF TAMARAC, NINTH SECTION, INC.

**Current Principal Place of Business:**

7112 NW 58TH ST  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

2531 ARAGON BLVD.  
SUNRISE, FL 33322 US

**New Mailing Address:**

**FEI Number:** 59-1447291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GELLER-SCHNAITMAN, TRACEY S  
2531 ARAGON BLVD.  
SUNRISE, FL 33322 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WAXMAN, MARY  
Address: 7411 NW 58 STREET  
City-St-Zip: TAMARAC, FL 33321

Title: DP  
Name: HUDDLESTON, RICHARD  
Address: 7413 N.W. 58 STREET  
City-St-Zip: TAMARAC, FL 33321

Title: DVP  
Name: MARCUS, STUART  
Address: 7305 NW 58 CT  
City-St-Zip: TAMARAC, FL 33321

Title: SD  
Name: WEAVER, EDITH  
Address: 7308 NW 58ST  
City-St-Zip: TAMARAC, FL 33321

Title: D  
Name: JACKSON, TONIA  
Address: 7308 NW 57 COURT  
City-St-Zip: TAMARAC, FL 33321

Title: DT  
Name: MOREAU, PATRICIA  
Address: 7201 NW 57 CT  
City-St-Zip: TAMARAC, FL 33322

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD HUDDLESTON

PRES

03/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date