FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:52

DOCUMENT # **723475** **(0)**

1. Corporation Name

MAINLANDS OF TAMARAC SECTION SEVEN, INC.

Principal Place of Business	Mailing Address
4914 N.W. 57TH ST. TAMARAC FL 33319-2846	4914 N.W. 57TH ST. TAMARAC FL 33319-2846

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1972
3a. Date of Last Report: 04/13/1994
4. FEI Number: 23-7079270 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

DILLMAN, HARRY
4917 NW 56 COURT
TAMARAC FL 33319

10. Name and Address of New Registered Agent

81 Name: RUTH J. CHIPMAN
82 Street Address (P.O. Box Number is Not Acceptable): 5702 N.W. 48TH AVE
83: TAMARAC, FL.
84 City: FL 85 Zip Code: 33319

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ruth J. Chipman — DATE: 4/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	HAYES, ANNE	1.2 NAME	
STREET ADDRESS	5710 N.W. 48TH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☑ Change ☐ Addition
NAME	DILLMAN, HARRY	2.2 NAME	P.O. Ruth Chipman
STREET ADDRESS	4917 NW 56 COURT	2.3 STREET ADDRESS	5702 N.W. 48 Ave.
CITY-ST-ZIP	TAMARAC, FL 00000	2.4 CITY-ST-ZIP	Tamarac, Fla 33319
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	FRISIELLO, MARIE	3.2 NAME	
STREET ADDRESS	5000 NW 58TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DILLMAN, MARY	4.2 NAME	Vacant
STREET ADDRESS	4917 NW 56 COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 00000	4.4 CITY-ST-ZIP	
TITLE	ASTD	5.1 TITLE	☑ Change ☐ Addition
NAME	THOMAS, IRENE	5.2 NAME	1st D Hummel Barbara
STREET ADDRESS	5606 N. W. 49 WAY	5.3 STREET ADDRESS	5712 N.W. 48 Way
CITY-ST-ZIP	TAMARAC, FL 00000	5.4 CITY-ST-ZIP	Tamarac, FL. 33319
TITLE	TD	6.1 TITLE	☑ Change ☐ Addition
NAME	HUMMEL, BARBARA	6.2 NAME	T.D. Fanmore Carmel
STREET ADDRESS	5712 NW 48TH WAY	6.3 STREET ADDRESS	4919 N.W. 58 St.
CITY-ST-ZIP	TAMARAC FL	6.4 CITY-ST-ZIP	Tamarac, FL. 33319

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Harry A. Dillman — 4-10-95 — 305 484-8249
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #

0044016