

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 723475 (0)

1. Corporation Name

MAINLANDS OF TAMARAC SECTION SEVEN, INC.



Principal Place of Business

4914 N.W. 57TH ST.  
TAMARAC FL 33319-2846

Mailing Address

4914 N.W. 57TH ST.  
TAMARAC FL 33319-2846

3. Date Incorporated or Qualified  
05/22/1972

3a. Date of Last Report  
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
23-7079270

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUTH J CHIPMAN  
5702 NW 48TH AVENUE  
TAMARAC FL 33319

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Ruth J. Chipman*

(NOTE: Registered Agent signature required when reinstating)

3/20/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE  
NAME HAYES, ANNE  
STREET ADDRESS 5710 N.W. 48TH WAY  
CITY-ST-ZIP TAMARAC, FL 00000

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME RUTH CHIPMAN  
STREET ADDRESS 5702 NW 48TH AVENUE  
CITY-ST-ZIP TAMARAC FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME FRISIELLO, MARIE  
STREET ADDRESS 5000 NW 58TH ST  
CITY-ST-ZIP TAMARAC, FL 00000

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME DILLMAN, MARY  
STREET ADDRESS 4917 NW 56 COURT  
CITY-ST-ZIP TAMARAC, FL 00000

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ASD ☒ DELETE  
NAME HUMMEL BARBARA  
STREET ADDRESS 4919 NW 58TH STREET  
CITY-ST-ZIP TAMARAC FL

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME ASTD  
HUMMEL, BARBARA  
5.3 STREET ADDRESS 5712 NW 48th WAY  
5.4 CITY-ST-ZIP TAMARAC, FL 33319

TITLE TD ☐ DELETE  
NAME PANNONE CARMEL  
STREET ADDRESS 4919 NW 58TH STREET  
CITY-ST-ZIP TAMARAC FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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:

*Ruth J. Chipman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

954-739-2384  
Daytime Phone #

CR2E037 (12/95)