

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90072 016 \*\*\*\*70.00

0038285

DOCUMENT # 723475

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

Country

30

3. Date Incorporated or Qualified

05/22/1972

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

9. Name and Address of Current Registered Agent

RUTH J CHIPMAN  
5702 NW 48TH AVENUE  
TAMARAC FL 33319

10. Name and Address of New Registered Agent

81 Name

Pauline Reid

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

5703 NW 48th Terr.

83

84 City

Tamarac,

FL

85 Zip Code

33319

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

*Pauline Reid*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE SD ☒ DELETE  
NAME CAILE, DORIS  
STREET ADDRESS 5700 NW 57TH LANE  
CITY-ST-ZIP TAMARAC, FL 00000

TITLE D ☐ DELETE  
NAME EDELSON, CEIL  
STREET ADDRESS 5605 NW 48 WAY  
CITY-ST-ZIP TAMARAC FL

TITLE VD ☒ DELETE  
NAME HUMMEL, BARBARA  
STREET ADDRESS 5712 NW 48TH WAY  
CITY-ST-ZIP TAMARAC FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE PD ☒ Change ☐ Addition  
2.2 NAME Pauline Reid  
2.3 STREET ADDRESS 5703-NW 48th Terr.  
2.4 CITY-ST-ZIP Tamarac, FL 33319

3.1 TITLE SD ☒ Change ☐ Addition  
3.2 NAME Marie Frisiello  
3.3 STREET ADDRESS 5000 NW 58th St.  
3.4 CITY-ST-ZIP Tamarac, FL 33319

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

5.1 TITLE VD ☒ Change ☐ Addition  
5.2 NAME Dawn Worley  
5.3 STREET ADDRESS 4920 NW 58th ST.  
5.4 CITY-ST-ZIP Tamarac, FL 33319

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

14. 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 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/99

CR2E037 (11/98)