


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90022 035 ****61.25

DOCUMENT # 723475			
1. Entity Name MAINLANDS OF TAMARAC SECTION SEVEN, INC.			
Principal Place of Business 4914 N.W. 57TH ST. TAMARAC FL 33319-2846		Mailing Address 4919 NW 58TH ST. TAMARAC FL 33319-2846	
2. Principal Place of Business 4914 NW 57TH ST		3. Mailing Address 4919 NW 58TH ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc. TAMARAC, FL	
City & State		City & State	
Zip 33319-2846	Country US	4. FEI Number 23-7079270	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAULINE, REID 5703 NW 48 TERR TAMARAC FL 33319		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>MAUREEN J. UTICH</u> MAUREEN J. UTICH <u>MARCH 20, 2004</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REID, PAULINE 5703 NW 48TH TER FORT LAUDERDALE FL 33319 <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	SD ROTHMAN, MICHEALA 5604 NW 49TH TER FORT LAUDERDALE FL 33319 <input checked="" 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 ELLNER, MARYANNE 4710 NW 58TH ST. FORT LAUDERDALE FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUSCATO, JILL 4807 NW 58TH ST FORT LAUDERDALE FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUCATO, JILL VD 4807 NW 58TH ST TAMARAC, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD UTICH, MAUREEN 5608 NW 48 TER FORT LAUDERDALE FL 33319 <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 exemption stated in Section 119.07(3)(i), 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: <u>MAUREEN J. UTICH</u> MAUREEN J. UTICH		Date <u>3/20/04</u> Daytime Phone # <u>954-693-6430</u>	