
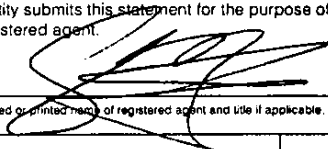
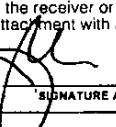


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90027 048 ****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 4914 N.W. 57TH ST. TAMARAC, FL 33319-2846		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 11530 ST Rd 84			
City & State DAVIE FL		4. FEI Number 23-7079270		Applied For Not Applicable	
Zip 33325		Country Broward		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: WEST BROWARD COMMUNITY MGMT Street Address: 11530 ST Rd 84 City: DAVIE FL Zip Code: 33325		
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
Filing Fee is \$61.25 Due by September 6, 2006		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 PD NAME REID, PAULINE STREET ADDRESS 5703 NW 48TH TER CITY-ST-ZIP FORT LAUDERDALE, FL 33319	<input type="checkbox"/> Delete		TITLE Director NAME Reid Pauline STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME DUCATO, JILL STREET ADDRESS 4807 NW 58TH ST CITY-ST-ZIP FORT LAUDERDALE, FL 33319	<input type="checkbox"/> Delete		TITLE Director NAME Ducato, Jill STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME UTICH, MAUREEN STREET ADDRESS 5608 NW 48 TER CITY-ST-ZIP FORT LAUDERDALE, FL 33319	<input type="checkbox"/> Delete		TITLE Director NAME Utich, Maureen STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE President NAME Bernard Roberts STREET ADDRESS 5002 NW 58 ST CITY-ST-ZIP FT LAUD, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VP NAME JOHN MASTROGIANNI STREET ADDRESS 5005 NW 58 ST CITY-ST-ZIP FT LAUD, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE SEC NAME ANA SHAW STREET ADDRESS 5004 NW 58 ST CITY-ST-ZIP FT LAUD, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			8/18/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50025803

