

**2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

2006 SEP -8 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08312006 Chg-NP CR2E037 (4/06)

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 11530 ST RD 84 DAVIE, FL 33325	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 23-7079270		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEST BROWARD COMMUNITY MGMT 11530 STATE RD 84 DAVIE, FL 33325		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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: Angela Fioke ANGELA FIOKE 8-31-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, PAULINE		NAME	PAULINE REID	
STREET ADDRESS	5703 NW 48TH TER		STREET ADDRESS	5703 NW 48TH TER	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319		CITY-ST-ZIP	FT LAUD, FL 33319	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCATO, JILL		NAME	Jill Ducato	
STREET ADDRESS	4807 NW 58TH ST		STREET ADDRESS	4807 NW 58TH ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319		CITY-ST-ZIP	FT LAUD, FL 33319	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UTICH, MAUREEN		NAME	MAUREEN UTICH	
STREET ADDRESS	5608 NW 48 TER		STREET ADDRESS	5608 NW 48 TER	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319		CITY-ST-ZIP	FT LAUD FL 33319	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, BERNARD		NAME		
STREET ADDRESS	5002 NW 58TH ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTROGIOVANNI, JOHN		NAME		
STREET ADDRESS	5005 NW 58TH ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, ANA		NAME		
STREET ADDRESS	5004 NW 58TH ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319		CITY-ST-ZIP		

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: Bernard Roberts Bern Roberts 9-4-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #