

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723475

FILED
Apr 23, 2009
Secretary of State

Entity Name: MAINLANDS OF TAMARAC SECTION SEVEN, INC.

Current Principal Place of Business:

4914 N.W. 57TH ST.
TAMARAC, FL 333192846

New Principal Place of Business:

Current Mailing Address:

11530 ST RD 84
DAVIE, FL 33325

New Mailing Address:

FEI Number: 23-7079270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST BROWARD COMMUNITY MANAGEMENT, INC.
11530 STATE RD 84
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTS, BERNARD
Address: 5002 NW 58TH ST
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: VP () Delete
Name: MASTROGIAVANNI, JOHN
Address: 5005 NW 58TH ST
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COE, MICHELLE
Address: 5601 NW 50 AVE
City-St-Zip: TAMARAC, FL 33319

Title: VP (X) Change () Addition
Name: COLLIER, ART
Address: 4911 NW 57 ST
City-St-Zip: TAMARAC, FL 33319

Title: S () Change (X) Addition
Name: STONE, JENA
Address: 5608 NW 49 TERRACE
City-St-Zip: TAMARAC, FL 33319

Title: AS () Change (X) Addition
Name: ROBERTS, BARBARA
Address: 5002 NW 58 ST
City-St-Zip: TAMARAC, FL 33319

Title: T () Change (X) Addition
Name: BALLHOUN, NANCY
Address: 4919 NW 59 COURT
City-St-Zip: TAMARAC, FL 33319

Title: AT () Change (X) Addition
Name: UTICH, MAUREEN
Address: 5608 NW 48 TERRACE
City-St-Zip: TAMARAC, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE COE

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date