

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008808

FILED
Mar 31, 2008
Secretary of State

Entity Name: MAINLANDS VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3290 WEST STATE ROAD 46
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

3290 WEST STATE ROAD 46
SANFORD, FL 32771

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, C. FRED III
3290 WEST STATE ROAD 46
SANFORD, FL 32771 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: D () Delete
Name: HUDSON, C. FRED III
Address: 3290 WEST STATE ROAD 46
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: DECKER, BONNIE
Address: 3290 WEST STATE ROAD 46
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: KLYCE, WYLIE
Address: 3290 WEST STATE ROAD 46
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: CORAVES, JIM
Address: 3290 WEST STATE ROAD 46
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: C. FRED HUDSON III

D

03/31/2008

Electronic Signature of Signing Officer or Director

Date