## **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 719576** 

Entity Name: MAINLANDS OF TAMARAC BY THE GULF UNIT NO. 1

ASSOCIATION, INC.

FILED
Jan 24, 2013
Secretary of State
CC8426294034

### **Current Principal Place of Business:**

10161 49TH ST., N.

SUITE L

PINELLAS PARK, FL 33782

#### **Current Mailing Address:**

10161 49TH ST., N.

SUITE L

PINELLAS PARK, FL 33782

FEI Number: 59-1514233 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

BOSCHETTI, LORRAINE 10161 49TH ST N PINELLAS PARK, FL 33789 US

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

## Officer/Director Detail:

Title TD Title VPD

NameJONES, PATRICKNameBARRY, JOHNAddress9364-45 STREET N.Address4411-95 AVENUE

City-State-Zip: PINELLAS PARK FL 33782 City-State-Zip: PINELLAS PARK FL 33782

Title S Title D

NameMULLER, DOROTHYNameWELSH, LLOYDAddress9501-45TH STREETAddress9470 45TH PLACE N

City-State-Zip: PINELLAS PARK FL 33782 City-State-Zip: PINELLAS PARK FL 33782

Title P Title 2VPD

Name DUFFIELD, CLYDE Name MATTHEWS, BARRY

Address 9895 MAINLANDS BLVD. Address 9460-45 WAY

City-State-Zip: PINELLAS PARK FL 33782 City-State-Zip: PINELLAS PARK FL 33782

Title DIRECTOR
Name BLAIS, JOAN

Address 9890 MAINLANDS BLVD.

City-State-Zip: PINELLAS PARK FL 33782

I hereby 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 all other like empowered.

SIGNATURE: CLYDE DUFFIELD

**PRESIDENT** 

01/24/2013