

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719576

Entity Name: MAINLANDS OF TAMARAC BY THE GULF UNIT NO. 1
ASSOCIATION, INC.**Current Principal Place of Business:**10161 49TH STREET NORTH, SUITE L
PINELLAS PARK, FL 33782**Current Mailing Address:**10161 49TH STREET NORTH, SUITE L
PINELLAS PARK, FL 33782 US**FEI Number: 59-1514233****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KIRHAGIS, MOLLIE
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:** DOMINICK SCANNAVINO

02/11/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TD
Name	JONES, PATRICK
Address	10161 49TH STREET NORTH, SUITE L
City-State-Zip:	PINELLAS PARK FL 33782

Title	VPD
Name	BARRY, JOHN
Address	10161 49TH STREET NORTH, SUITE L
City-State-Zip:	PINELLAS PARK FL 33782

Title	S
Name	MULLER, DOROTHY
Address	10161 49TH STREET NORTH, SUITE L
City-State-Zip:	PINELLAS PARK FL 33782

Title	P
Name	DUFFIELD, CLYDE
Address	10161 49TH STREET NORTH, SUITE L
City-State-Zip:	PINELLAS PARK FL 33782

Title	2VPD
Name	MATTHEWS, BARRY
Address	10161 49TH STREET NORTH, SUITE L
City-State-Zip:	PINELLAS PARK FL 33782

Title	DIRECTOR
Name	BLAIS, JOAN
Address	10161 49TH STREET NORTH, SUITE L
City-State-Zip:	PINELLAS PARK FL 33782

Title	DIRECTOR
Name	SCHEELE, PAUL
Address	10161 49TH STREET NORTH, SUITE L
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

02/11/2015

Electronic Signature of Signing Officer/Director Detail

Date