

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 4-12-96

B- 3506 C

DOCUMENT # 712779

(8)

1. Corporation Name

TAMBERLANE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5530 TAMBERLANE CIRCLE
PALM BEACH GARDENS FL 33418

Mailing Address

5530 TAMBERLANE CIRCLE
PALM BEACH GARDENS FL 33418



3. Date Incorporated or Qualified
05/22/1967

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WERNER, GEORGINA
5540 TAMBERLANE CIRCLE, 316
PALM BEACH GARDENS FL 33418

FUNK, RUTH
5560 TAMBERLANE CIR.
PALM BEACH GARDENS
FL 33418

81 Name

GEORGE BROWN

82 Street Address (P.O. Box Number is Not Acceptable)

5540 TAMBERLANE CIRCLE AM218

83

84 City

Palm Beach Gardens

FL

85 Zip Code

33418

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

George Brown

George Brown

4/8/96

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | BROWN, GEORGE | |
| STREET ADDRESS | 5540 TAMBERLANE CIRCLE | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | |
| TITLE | VPO | <input type="checkbox"/> DELETE |
| NAME | SCHUELER, FLORIENCE | |
| STREET ADDRESS | 5580 TAMBERLANE CIRCLE | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | BURRUSS, THELMA | |
| STREET ADDRESS | 5540 TAMBERLANE CIRCLE | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MIDDLETON, JEANNE | |
| STREET ADDRESS | 5520 TAMBERLANE CIRCLE | |
| CITY-ST-ZIP | PALM BCH GARDENS FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LANUTTI, ARMAND | |
| STREET ADDRESS | 5520 TAMBERLANE CIRCLE | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | FUNK, RUTH | |
| STREET ADDRESS | 5560 TAMBERLANE CIRCLE | |
| CITY-ST-ZIP | PALM BCH GARDENS FL | |

| | |
|---|--|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.1 TITLE | PRESIDENT/DIRECTOR |
| 1.2 NAME | BEVERLY QUINN |
| 1.3 STREET ADDRESS | 5560 TAMBERLANE CIRCLE |
| 1.4 CITY-ST-ZIP | PALM BEACH GARDENS FL |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | TEASUP/DIRECTOR |
| 3.2 NAME | BROWN, GEORGE |
| 3.3 STREET ADDRESS | 5540 TAMBERLANE CIRCLE |
| 3.4 CITY-ST-ZIP | PALM BEACH GARDENS FL |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | DIRECTOR |
| 5.2 NAME | BLACK MALONE |
| 5.3 STREET ADDRESS | 5510 TAMBERLANE CIRCLE |
| 5.4 CITY-ST-ZIP | PALM BEACH GARDENS FL |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

George Brown Treasurer

4/8/96

677-0589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #

CR2E037 (12/95)