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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 712779 (8)

1. Corporation Name

TAMBERLANE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5530 TAMBERLANE CIRCLE
PALM BEACH GARDENS FL 33418

5530 TAMBERLANE CIRCLE
PALM BEACH GARDENS FL 33418-3611

3. Date Incorporated or Qualified
05/22/1967

3a. Date of Last Report
04/12/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1210191

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, GEORGE
5240 TAMBERLANE CIRCLE APT 218
PALM BEACH GARDENS FL 33418

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	QUINN, BEVERLY	
STREET ADDRESS	5500 TAMBERLANE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCHUELER, FLORIENCE	
STREET ADDRESS	5580 TAMBERLANE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BROWN, GEORGE	
STREET ADDRESS	5540 TAMBERLANE CIRCLE	
CITY-ST-ZIP	PAL 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	MALONE, GKACK	
STREET ADDRESS	5510 TAMBERLANE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FUNK, RUTH	
STREET ADDRESS	5580 TAMBERLANE CIRCLE	
CITY-ST-ZIP	PALM BCH GARDENS FL	

1.1 TITLE	<input checked="" type="checkbox"/> Addition
1.2 NAME	GORDON
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PENTIUK, GEORGE
2.3 STREET ADDRESS	5570 TAMBERLANE CIRCLE
2.4 CITY-ST-ZIP	PALM BEACH GARDENS FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHNSON, WILLIAM
3.3 STREET ADDRESS	5520 TAMBERLANE CIRCLE
3.4 CITY-ST-ZIP	PALM BEACH GARDENS FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ORMON, DR. RICHARD
4.3 STREET ADDRESS	4203 OAK ST
4.4 CITY-ST-ZIP	PALM BEACH GARDENS FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97

(56) 622-0589
Daytime Phone # 0041460

CR2E037 (9/96)