

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **712779**

1. Entity Name

**TAMBERLANE CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90092 044 \*\*\*\*61.25

Principal Place of Business <b>5530 TAMBERLANE CIRCLE PALM BEACH GARDENS FL 33418</b>	Mailing Address <b>5530 TAMBERLANE CIRCLE PALM BEACH GARDENS FL 33418-3811</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-1210191</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WERNER, GEORGINA	
STREET ADDRESS	5540 TAMBERLANE CIRCLE #316	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ORLANDO, JOSEPH	
STREET ADDRESS	5500 TAMBERLANE CIRCLE #168	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	T R G S	<input type="checkbox"/> Delete
NAME	<del>SHEA, DARLENE</del> GEORGINA WERNER	
STREET ADDRESS	5540 TAMBERLANE CIR #317 316	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, HERMAN	
STREET ADDRESS	5520 TAMBERLANE CIR #112	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUPERPE, ELIZABETH	
STREET ADDRESS	5580 TAMBERLANE #237	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OVERHOLT	
STREET ADDRESS	5570 TAMBERLANE CIR #4130	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature Required **SIGNATURE REQUIRED** *4/20/00* **622 8436**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)