

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90060 031 ****61.25

DOCUMENT # 712779

1. Entity 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

94053711



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04122004 Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1210191

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WERNER, GEORGINA
5540 TAMBERLANE CIRCLE
#346
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

Name
Complete Property Management, Inc.
Street Address (P.O. Box Number is Not Acceptable)
c/o Joseph Crossen, Pres.
4239 Northlake Blvd., Ste. D.
City
Palm Beach Gardens FL Zip Code
33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D/S	<input type="checkbox"/> Delete
NAME	FUNK, RUTH	
STREET ADDRESS	5560 TAMBERLANE CIRCLE #226	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WIENCKE, DORIS	
STREET ADDRESS	5560 TAMBERLANE CIRCLE #227	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCARTHY, DENNIS	
STREET ADDRESS	29 LANE STREET	
CITY-ST-ZIP	SEYMOUR, CT 06483	
TITLE	D /VP	<input type="checkbox"/> Delete
NAME	BLAZAS, JOSEPH	
STREET ADDRESS	5520 TAMBERLANE CIRCLE #108	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MULREADY, CAROL	
STREET ADDRESS	5580 TAMBERLANE CR #339	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRIMM, IRMA	
STREET ADDRESS	5570 TAMBERLANE CIRCLE #332	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peggy Scott	
STREET ADDRESS	5510 Tamberlane Circle #142	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thelma McCarthy	
STREET ADDRESS	5570 Tamberlane Circle #228	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	

12. I 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/04 626-5728 (521)