

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90207 042 ****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 CR PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GELFAND, MICHAEL J ESQ. REGIONS FINANCIAL TOWER, STE. 1220 1555 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401-2329			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u>Helen E. Compton, PD</u> <u>2/28/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP PD PAYLOR, KENNETH 5520 TAMBERLANE CIRCLE PALM BEACH GARDENS, FL 33418	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Delete </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP VPD COMPTON, HELEN 5510 TAMBERLANE CIRCLE PALM BEACH GARDENS, FL 33418	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP TD RIDGE, JOANNE 5580 TAMBERLANE CIRCLE PALM BEACH GARDENS, FL 33418	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP SD CALDER, VIVIAN 5500 TAMBERLANE CIRCLE PALM BEACH GARDENS, FL 33418	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP VPD LARKIN, DONENE 5540 TAMBERLANE CIRCLE PALM BEACH GARDENS, FL 33418	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete </div>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Helen E. Compton</u> <u>2/28/08</u> 561-622-1746 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40057551



02012008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1210191

Applied For
Not Applicable

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

FL Zip Code

DATE

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PAYLOR, KENNETH	
STREET ADDRESS	5520 TAMBERLANE CIRCLE	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COMPTON, HELEN	
STREET ADDRESS	5510 TAMBERLANE CIRCLE	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RIDGE, JOANNE	
STREET ADDRESS	5580 TAMBERLANE CIRCLE	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CALDER, VIVIAN	
STREET ADDRESS	5500 TAMBERLANE CIRCLE	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LARKIN, DONENE	
STREET ADDRESS	5540 TAMBERLANE CIRCLE	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moody, Richard	
STREET ADDRESS	5520 Tamberlane Cr., # 323	
CITY - ST - ZIP	Palm Beach Gardens, FL 33418	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Costa, Antone	
STREET ADDRESS	5520 Tamberlane Cr., # 307	
CITY - ST - ZIP	Palm Beach Gardens, FL 33418	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #