

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 731162 1. Entity Name THE TAMARIND, INC.	
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Principal Place of Business 6665 N. OCEAN BLVD OCEAN RIDGE FL 33435	Mailing Address 6665 N. OCEAN BLVD OCEAN RIDGE FL 33435-3329 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-1558803	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent SMITH, ERIK J 1171 N. OCEAN BLVD GULF STREAM FL 33483
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS	
TITLE	PD MARCON, FRED <input type="checkbox"/> Delete 6665 N OCEAN BLVD OCEAN RIDGE FL 33435
TITLE	TD BARTHOLOMEW, A P <input type="checkbox"/> Delete 6665 N OCEAN BLVD OCEAN RIDGE FL
TITLE	VPD BENISCH, JOHN <input type="checkbox"/> Delete 6665 N OCEAN BLVD OCEAN RIDGE FL 33435
TITLE	D CLARK, JAMES <input type="checkbox"/> Delete 6665 N OCEAN BLVD OCEAN RIDGE FL
TITLE	D DOVOVAN, LARRY <input type="checkbox"/> Delete 6665 N. OCEAN BLVD. OCEAN RIDGE FL 33435
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000078912 03/08/04-80045-004 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Fred B. Marcon* President 2/25/04 (561) _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #