


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90213 001 ****61.25

DOCUMENT # 731162
 1. Entity Name
THE TAMARIND, INC.




Principal Place of Business: **6665 N. OCEAN BLVD OCEAN RIDGE FL 33435**
 Mailing Address: **6665 N. OCEAN BLVD OCEAN RIDGE FL 33435-3329 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



1st MOORE CR2E037 (10/04)

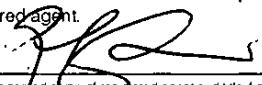
4. FEI Number: **59-1558803** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
SMITH, ERIK J
1171 N. OCEAN BLVD
GULF STREAM FL 33483

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4/15/05**

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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: PD	NAME: MARCON, FRED	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 6665 N OCEAN BLVD	CITY-ST-ZIP: OCEAN RIDGE FL 33435	
TITLE: TD	NAME: BARTHOLOMEW, A P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 6665 N OCEAN BLVD	CITY-ST-ZIP: OCEAN RIDGE FL	
TITLE: VPD	NAME: BENISCH, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS: 6665 N OCEAN BLVD	CITY-ST-ZIP: OCEAN RIDGE FL 33435	
TITLE: D	NAME: CLARK, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS: 6665 N OCEAN BLVD	CITY-ST-ZIP: OCEAN RIDGE FL	
TITLE: D	NAME: DOVOVAN, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS: 6665 N. OCEAN BLVD.	CITY-ST-ZIP: OCEAN RIDGE FL 33435	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: T	NAME: WHEELER, GRANT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 6665 N. OCEAN BLVD	CITY-ST-ZIP: OCEAN RIDGE, FL 33435	
TITLE: VP	NAME: SMITH, LOU	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 6665 N. OCEAN BLVD	CITY-ST-ZIP: OCEAN RIDGE, FL 33435	
TITLE: P	NAME: BENISCH, JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6665 N. OCEAN BLVD	CITY-ST-ZIP: OCEAN RIDGE, FL 33435	
TITLE: VP	NAME: CLARK, JAMES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6665 N. OCEAN BLVD	CITY-ST-ZIP: OCEAN RIDGE, FL 33435	
TITLE: S	NAME: DONOVAN, LARRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6665 N. OCEAN BLVD	CITY-ST-ZIP: OCEAN RIDGE FL 33435	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:  DATE: **4/15/05 (561) 314-8257**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #