

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749590

FILED
Mar 11, 2009
Secretary of State

Entity Name: TAMARIND GULF AND BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2955 N. BEACH RD.
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

2955 N. BEACH RD.
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 59-2163478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZION, ROLAND L
2955 N. BEACH RD.
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STILTZ, LOIS
Address: 2955 NORTH BEACH RD. #D123
City-St-Zip: ENGLEWOOD, FL 34223

Title: PTD () Delete
Name: MARTIN, DON W
Address: 231 GREEN HARBOR RD # 141
City-St-Zip: OLD HICKORY, TN 37138

Title: SD () Delete
Name: HETZEL, PETER H
Address: 2955 N. BEACH RD. #D126
City-St-Zip: ENGLEWOOD, FL 34223

Title: VD () Delete
Name: TISHKOWSKI, BERVARD
Address: 5425 POSSUM LANE
City-St-Zip: ORCHARD LAKE, MI 48234

Title: D () Delete
Name: CASPER, GERALD L
Address: 2739 GRUNEWALD ST
City-St-Zip: BLUE ISLAND, IL 60406

Title: ASD () Delete
Name: PIERSON, BRUCE
Address: 16962 OLD ORCHARD LANE
City-St-Zip: LOCKPORT, IL 60441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WADE, BILLIE
Address: 1505 ST. ANDREWS DRIVE
City-St-Zip: SHELBYVILLE, KY 40065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CASPER, GERALD L
Address: 8061 WILDWOOD LANE
City-St-Zip: DARIEN, IL 60561

Title: ASD (X) Change () Addition
Name: BROWN, CAROL
Address: 50 THIRD STREET N.W.
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLAND L ZION

RA

03/11/2009

Electronic Signature of Signing Officer or Director

Date