FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758475 (8)

1. Corporation Name

TAMARIND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5199 VINELAND RD. ORLANDO FL 32811	5199 VINELAND RD. ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1981
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2093717 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GAUNTT, WALTER
1435 WALTHAM ST.
ORLANDO FL 32809

10. Name and Address of New Registered Agent

31 Name: SUNIL GOVIND
32 Street Address (P.O. Box Number is Not Acceptable): 5193 VINELAND RD
33
34 City: ORLANDO FL 35 Zip Code: 32811

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X Antonio Fernandez DATE X 4/12/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GAUNTT, WALTER	1.2 NAME	SUNIL GOVIND	
STREET ADDRESS	8435 WALTHAM ST.	1.3 STREET ADDRESS	5193 VINELAND RD	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	DT	2.1 TITLE	DT	☒ Change ☐ Addition
NAME	RUDD, HENRIETTA	2.2 NAME	ANTONIO FERNANDEZ	
STREET ADDRESS	5157 VINELAND ROAD	2.3 STREET ADDRESS	5151 VINELAND RD	
CITY-ST-ZIP	ORLANDO FL 32811	2.4 CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	SVD	3.1 TITLE	SVD	☒ Change ☐ Addition
NAME	WADE, SABRINA	3.2 NAME	MIKE MYERS	
STREET ADDRESS	5059 VINELAND ROAD	3.3 STREET ADDRESS	5155 VINELAND RD	
CITY-ST-ZIP	ORLANDO FL 32811	3.4 CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/12/95 (Date) X (407) 352-2090 Daytime Phone #

000418