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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 32811-7618**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified
05/22/1981

3a. Date of Last Report
03/26/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MYERS, MIKE
5155 VINELAND DRIVE
ORLANDO FL 32811**

81 Name **Grace Bellagamba**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **5161 Vineland Road**

84 City **Orlando**

FL 85 Zip Code **32811**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Grace Bellagamba

3-17-97

(Signature typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD MYERS, MIKE**
STREET ADDRESS **5155 VINELAND ROAD**
CITY - ST - ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **DT TURNER, MARILYN K.**
STREET ADDRESS **5269 VINELAND ROAD**
CITY - ST - ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **SVD RUDD, HENRIETTA**
STREET ADDRESS **5157 VINELAND ROAD**
CITY - ST - ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME **PD Grace (Tootsie) Bellagamba**
1.3 STREET ADDRESS **5161 Vineland Rd.**
1.4 CITY - ST - ZIP **Orlando, FL 32811**

2.1 TITLE

2.2 NAME **DT Henrietta Rudd**
2.3 STREET ADDRESS **5157 Vineland Rd.**
2.4 CITY - ST - ZIP **Orlando, FL 32811**

3.1 TITLE

3.2 NAME **SVD Marilyn Turner**
3.3 STREET ADDRESS **5269 Vineland Rd.**
3.4 CITY - ST - ZIP **Orlando, FL 32811**

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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 on an attachment with an address.

SIGNATURE:

Grace Bellagamba

3-17-97-351-1580

(Signature typed or printed name of signing officer or director)

Date

Daytime Phone # **0017161**

CR2E037 (9/96)