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FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **758475** (8)

1. Corporation Name

TAMARIND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5189 VINELAND RD.
ORLANDO FL 32811**

**5199 VINELAND RD.
ORLANDO FL 32811**

2. Principal Place of Business

21 2180 WEST SR 434

Suite, Apt. #, etc.

22 SUITE 5000

City & State

23 LONGWOOD FL

Zip

24 32779

Country

25 US

2a. Mailing Address

26 2180 WEST SR 434

Suite, Apt. #, etc.

27 SUITE 5000

City & State

28 LONGWOOD FL

Zip

29 32779

Country

30 US

3. Date Incorporated or Qualified

05/22/1981

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. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELLAGAMBA, GRACE
5161 VINELAND ROAD
ORLANDO FL 32811**

81 Name

JAMES W. HART, JR.

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

SENTRY MANAGEMENT, INC.

83

2180 WEST SR 434, SUITE 5000

84 City

LONGWOOD

FL

85 Zip Code

32779

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

Signature, typed or printed name of registered agent and title if applicable.

JAMES W. HART, JR.

(NOTE: Registered Agent signature required when reinstating)

2/3/98

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
BELLAGAMBA, GRACE (TOOTSIE
5161 VINELAND RD.
ORLANDO FL**

☒ DELETE

1.2 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DT
RUDD, HENRIETTA
5157 VINELAND RD.
ORLANDO FL**

☒ DELETE

1.3 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SVD
TURNER, MARILYN
5269 VINELAND RD.
ORLANDO FL**

☒ DELETE

1.4 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.5 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.6 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**PD
ROJAS, BEN
5199 VINELAND RD
ORLANDO FL 32811**

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**STD
TURNER, ANGELA
5170 VINELAND RD
ORLANDO FL 32811**

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**VD
JOHNSON, JEFF
5197 VINELAND RD
ORLANDO FL 32811**

☐ Change

☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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:

Becky Rojas

BECKY ROJAS

2-4-98

(407) 351-1580

CR2E037 (1097)