

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90015 004 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 758475

1. Entity Name

TAMARIND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 WEST SR 434
 SUITE 5000
 LONGWOOD FL 32779
 US

2180 WEST SR 434
 SUITE 5000
 LONGWOOD FL 32779
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2093717

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W. J
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

Name

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

City

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
 VPD ROJAS, BEN
 STREET ADDRESS 5025 VINELAND RD
 CITY-ST-ZIP ORLANDO FL 32811

TITLE NAME Change Addition
 VPD KOKER, TRISHA
 STREET ADDRESS 5027 VINELAND RD.
 CITY-ST-ZIP ORLANDO, FL. 32811

TITLE NAME Delete
 PD BELLAGAMBA, GRACE
 STREET ADDRESS 5161 VINELAND RD
 CITY-ST-ZIP ORLANDO FL 32811

TITLE NAME Change Addition

TITLE NAME Delete
 STD TOUSSAINT, YVONNE
 STREET ADDRESS 5011 VINELAND RD
 CITY-ST-ZIP ORLANDO FL 32811

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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: *Grace Bellagamba*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-8-00** (407) 351-1580
 Daytime Phone #

CR2E037 (9/99)