

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758475

FILED
Mar 30, 2005
Secretary of State

Entity Name: TAMARIND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2093717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: SENG, SANDRA
Address: 5301 VINELAND RD.
City-St-Zip: ORLANDO, FL 32811

Title: VPD () Delete
Name: SENG, HANKO
Address: 5301 VINELAND RD.
City-St-Zip: ORLANDO, FL 32811

Title: SD () Delete
Name: YASGUR, ANDREW
Address: 5203 VINELAND RD.
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BALL, JIM
Address: 6204 MEREDITH ERIN LN
City-St-Zip: ORLANDO, FL 32819

Title: VPD (X) Change () Addition
Name: ADLER, JUDY
Address: 5063 VINELAND RD
City-St-Zip: ORLANDO, FL 32811

Title: SD (X) Change () Addition
Name: SOBOTIK, MARIE
Address: 5025 VINELAND RD
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JIM BALL

PD

03/30/2005

Electronic Signature of Signing Officer or Director

Date