2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758475

FILED Apr 16, 2008 Secretary of State

Entity Name: TAMARIND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 SUITE 5000

LONGWOOD, FL 32779 US

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 SUITE 5000

LONGWOOD, FL 32779 US

FEI Number: 59-2093717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Flackeria Circular of Davidson I Associa

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete

 Name:
 STAPLETON, DAN

 Address:
 8237 BANYON BLV

 City-St-Zip:
 ORLANDO, FL 32819

Title: VPD () Delete Name: BRYANT, CASSIA

Name: BRYANT, CASSIA
Address: 5053 VINELAND RD
City-St-Zip: ORLANDO, FL 32811

Title: SD () Delete Name: TORTORA, WILMA P Address: 5053 VINELAND RD City-St-Zip: ORLANDO, FL 38211 Title: PD (X) Change () Addition

Name: BAMFORD, JILL
Address: 5285 VINELAND RD
City-St-Zip: ORLANDO, FL 32811

Title: VPD (X) Change () Addition

Name: BUCCI, GEMMA
Address: 5067 VINELAND RD
City-St-Zip: ORLANDO, FL 32811

Title: TSD (X) Change () Addition

Name: GOMEZ, JOEY
Address: 5059 VINELAND RD
City-St-Zip: ORLANDO, FL 38211

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JILL BAMFORD PD 04/16/2008