2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# 758475

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:

735 PRIMERA BLVD.
SUITE 110
LAKE MARY, FL 32746 US

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

735 PRIMERA BLVD.
SUITE 110
LAKE MARY, FL 32746 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:

PREMIER PROPERTY MGMT CFL, INC.
735 PRIMERA BLVD.
SUITE 110
LAKE MARY, FL 32746 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: GINA N. HOLBROOK 01/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BAMFORD, JILL
Address: 5285 VINELAND RD
City-St-Zip: ORLANDO, FL 32811

Title: VPD ( ) Delete
Name: BUCCI, GEMMA
Address: 5067 VINELAND RD
City-St-Zip: ORLANDO, FL 32811

Title: TSD ( ) Delete
Name: GOMEZ, JOEY
Address: 5059 VINELAND RD
City-St-Zip: ORLANDO, FL 38211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: MOLINO, THOMAS
Address: 5313 VINELAND RD
City-St-Zip: ORLANDO, FL 32811

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 01/20/2009
Electronic Signature of Signing Officer or Director Date