

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000003041

1. Entity Name
TAMARIND/NORTHWEST BUSINESS/MERCHANTS
ASSOCIATIONS, INC.



Principal Place of Business
1005 NORTH TAMARIND AVE
WEST PALM BEACH, FL 33401

Mailing Address
C/O JULIA KING
1548 6TH STREET
WEST PALM BEACH, FL 33401



04262005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, JULIA A
1548 6TH STREET
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME NELSON, NORRIS
STREET ADDRESS 1005 NORTH TAMARIND AVE
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME STEVENS, DARYL
STREET ADDRESS 1005 NORTH TAMARIND AVE
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME COLEMAN, EDITH
STREET ADDRESS 1005 NORTH TAMARIND AVE
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE P
NAME WESTON, LIONEL
STREET ADDRESS 1005 NORTH TAMARIND AVE
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE V
NAME ALLEN, KENNETH
STREET ADDRESS 1005 NORTH TAMARIND AVE
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE S
NAME KING, JULIA A
STREET ADDRESS 1005 NORTH TAMARIND AVE
CITY-ST-ZIP WEST PALM BEACH, FL 33401

UN00000340787
04/28/05-80130-011 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/05 561 831 4495