

N 03000004301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2016 JAN - 4 PM 1:38

C. GOLDEN

JAN - 8 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TAMARIND ESTATES COMMUNITY ASSOCIATION, INC.

Name of Corporation

N03000004301
DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NORMAN MICHAEL GAMSO

Name of Contact Person

Firm/Company

1221 TAMANGO DR

Address

W. MELBOURNE, FL 32904

City/State and Zip Code

MGAMSO@EARTHLINK.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORMAN MICHAEL GAMSO

321 987-5565

at (_____) _____

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2017

NORMAN MICHAEL GAMSO
1221 TAMANGO DRIVE
WEST MELBOURNE, FL 32904

SUBJECT: TAMARIND ESTATES COMMUNITY ASSOCIATION, INC.
Ref. Number: N03000004301

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 117A00024518

RECEIVED
18 JAN -4 PM 2:36
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TAMARIND ESTATES COMMUNITY ASSOCIATION, INC.

2. The principal office address: TAMARIND ESTATES COMMUNITY
WEST MELBOURNE, FL 32904

3. The mailing address (if different): PO BOX 120126
WEST MELBOURNE, FL 32904

4. Date of incorporation/qualification: 05/21/2003 Document number: N03000004301

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

TAYLOR, ZACHARY - HOA TREASURER (PREVIOUS)

1331 TAMANGO DR.

W. MELBOURNE, FL 32904

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GAMSO, NORMAN MICHAEL

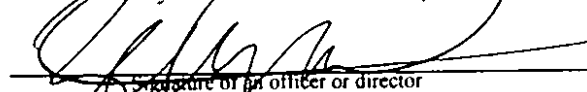
1221 TAMANGO DR.

W. MELBOURNE, FL 32904

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

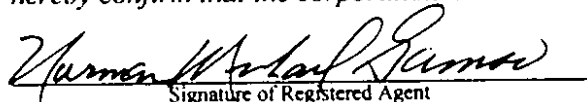
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

ZACHARY TAYLOR - HOA TREAS

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

1/1/2018

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

2018 JAN -16 PM 1:38