

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N09175 (3)

1. Corporation Name

TAMARIND VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2550 CALAMONDIAN CIRCLE  
COCONUT CREEK FL 33063

Mailing Address

2550 CALAMONDIAN CIRCLE  
COCONUT CREEK FL 33063

3. Date Incorporated or Qualified

05/07/1985

3a. Date of Last Report

02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2470145

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RANDAZZO, RAOHELLE  
2630 ALOE AVENUE  
COCONUT CREEK FL 33063

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	DIPARE, STEPHANIE	2586 DAHOON AVENUE	COCONUT CREEK FL	<input checked="" type="checkbox"/>
VD	RANDAZZO, ROCHELLE	2630 ALOE AVENUE	COCONUT CREEK FL	<input checked="" type="checkbox"/>
VD	ABZUG, NORMAN	2748 CALLIANDRA TERRACE	COCONUT CREEK FL	<input checked="" type="checkbox"/>
TD	MONTLACK, DONALD	2654 CALLIANDRA TERRACE	COCONUT CREEK FL	<input checked="" type="checkbox"/>
SD	DILAURO, JOHN	2658 BLUE SAGE AVE.	COCONUT CREEK FL	<input checked="" type="checkbox"/>
D	MILLER, MARTIN	2658 DAWN TREE TERRACE	COCONUT CREEK FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED	Change	Addition
PD	RANDAZZO, ROCHELLE	2630 ALOE AVENUE	COCONUT CREEK, FL 33063	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	ZACZEK, JEANNE	2670 ALOE AVENUE	COCONUT CREEK, FL 33063	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	MALLIN, JUDITH	2441 GINGER AVENUE	COCONUT CREEK, FL 33063	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	MILLER, MARTIN	2485 DAWN TREE TERRACE	COCONUT CREEK, FL 33063	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	RASCH, KENNETH	2631 ALOE AVENUE	COCONUT CREEK, FL 33063	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	BENJAMIN, PHILIP	2433 FIDDLELEAF AVENUE	COCONUT CREEK, FL 33063	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

(305) 972-3391

CR2E037 (12/95)