

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 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 330633. Date Incorporated or Qualified 05/07/1985
3a. Date of Last Report 03/05/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2470145		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

RANDAZZO, RAOHELLE
2630 ALOE AVENUE
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent

81 Name DI LAURO, JOHN
82 Street Address (P.O. Box Number is Not Acceptable)
2658 BLUE SAGE AVE.
83
84 City COCONUT CREEK FL 85 Zip Code 33063

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]* (NOTE: Registered Agent signature required when reinstating) DATE 1/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACZEK, JEANNA	1.2 NAME	DILAURO, JOHN
STREET ADDRESS	2670 ALOE AVENUE	1.3 STREET ADDRESS	2658 BLUE SAGE AVE
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	COCONUT CREEK FL FL 33063
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDAZZO, ROCHELLE	2.2 NAME	HARRIS, MILT
STREET ADDRESS	2630 ALOE AVENUE	2.3 STREET ADDRESS	2473 FIDDLELEAF AVE
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	COCONUT CREEK FL 33063
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLIN, JUDITH	3.2 NAME	FAST, SANDY
STREET ADDRESS	2441 GINGER AVENUE	3.3 STREET ADDRESS	2430 GINGER AVE
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP	COCONUT CREEK FL 33063
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASCH, KENNETH	4.2 NAME	WARREN, NATHAN
STREET ADDRESS	2631 ALOE AVENUE	4.3 STREET ADDRESS	2629 BLUE SAGE AVE
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	COCONUT CREEK FL 33063
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN, PHILIP	5.2 NAME	ROBIN, NORMAN
STREET ADDRESS	2433 FIDDLELEAF AVENUE	5.3 STREET ADDRESS	2677 ALOE AVE
CITY-ST-ZIP	COCONUT CREEK FL	5.4 CITY-ST-ZIP	COCONUT CREEK FL 33063
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MARTIN	6.2 NAME	SIEGEL, MYRON
STREET ADDRESS	2658 DAWN TREE TERRACE	6.3 STREET ADDRESS	4933 CALAMONDIAN CIRCLE
CITY-ST-ZIP	COCONUT CREEK FL	6.4 CITY-ST-ZIP	COCONUT CREEK FL 33063

14. I do 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 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]* DATE 1/10/97 (954) 977-4428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone # 0078196

CR2E037 (9/96)