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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/07/1985
4. FEI Number 59-2470145
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent DE LAURO, JOHN 2658 BLUE SAGE AVE COCONUT CREEK FL 33063
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10. Name and Address of New Registered Agent 81 Name MILT HARRIS 82 Street Address (P.O. Box Number is Not Acceptable) 2473 FIDDLELEAF AVE 83 City COCONUT CREEK FL 85 Zip Code 33063
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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 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

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DELAURO, JOHN	
STREET ADDRESS	2658 BLUE SAGE AVE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, MILT	
STREET ADDRESS	2473 FIDDLELEAF AVE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FAST, SANDY	
STREET ADDRESS	2430 GINGER AVE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RASCH, KENNETH	
STREET ADDRESS	2631 ALOE AVENUE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBIN, NORMAN	
STREET ADDRESS	F2677 ALOE AVE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MYRON, SIEGEL	
STREET ADDRESS	4833 CALAMONDIN CIR	
CITY-ST-ZIP	COCONUT CREEK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HARRIS, MILT	
1.3 STREET ADDRESS	2473 FIDDLELEAF AVE	
1.4 CITY-ST-ZIP	COCONUT CREEK FL 33063	
2.1 TITLE	VICED PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RANDAZZO, ROCHELLE	
2.3 STREET ADDRESS	2630 ALOE AVE	
2.4 CITY-ST-ZIP	COCONUT CREEK FL 33063	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MILLER, MARTIN	
3.3 STREET ADDRESS	2485 DAWN TREE TERRACE	
3.4 CITY-ST-ZIP	COCONUT CREEK FL 33063	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GURE, RUTH	
4.3 STREET ADDRESS	2403 EPISA AVE	
4.4 CITY-ST-ZIP	COCONUT CREEK FL 33063	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DELAURO, JOHN	
5.3 STREET ADDRESS	2658 BLUE SAGE	
5.4 CITY-ST-ZIP	COCONUT CREEK FL 33063	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MONTLACK, DON	
6.3 STREET ADDRESS	2654 CALIANDRA TERRACE	
6.4 CITY-ST-ZIP	COCONUT CREEK FL 33063	

14. 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 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]*

CR2E037 (10/97)