

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90495 009 \*\*\*\*61.25

**DOCUMENT # N09175**

1. Entity Name

**TAMARIND VILLAGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**2550 CALAMONDIN CIRCLE  
 COCONUT CREEK FL 33063**

Mailing Address

**THE CONTINENTAL GROUP  
 1067 SHOTGUN RD  
 SUNRISE FL 33326**

0 3 1 2 3 4 5



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2470145**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SHAFIR, JERRY  
 4890 CALAMONDIN CIR  
 COCONUT CREEK FL 33063**

7. Name and Address of New Registered Agent

Name **WALTER JOHNSTON**

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

**2650 ALOE AVE**

City **COCONUT CREEK**

**FL**

Zip Code **33063**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**3/7/2001**

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete  
 NAME **DILPARE, STEPHANIE**  
 STREET ADDRESS **2586 DAHOON AVE**  
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **PD** ☒ Delete  
 NAME **HARRIS, MILTON**  
 STREET ADDRESS **2473 FIDDLELEAF AVE**  
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **T** ☐ Delete  
 NAME **LONG, RUTH**  
 STREET ADDRESS **2540 CALAMONDIN CIR**  
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **S** ☐ Delete  
 NAME **ERLICH, JACK**  
 STREET ADDRESS **2530 CALAMONDIN CIR**  
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **D** ☒ Delete  
 NAME **FINKLESTEIN, HERMAN**  
 STREET ADDRESS **2525 DAHOON AVE**  
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **D** ☐ Delete  
 NAME **JOHNSTON, WALTER**  
 STREET ADDRESS **2650 ALOE AVE**  
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **DILPARE, STEPHANIE**  
 STREET ADDRESS **2586 DAHOON AVENUE**  
 CITY-ST-ZIP **COCONUT CREEK, FL 33063**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
 NAME **LOWE, CAROLYN**  
 STREET ADDRESS **2535 DAHOON AVENUE**  
 CITY-ST-ZIP **COCONUT CREEK, FL 33063**

TITLE **SECRETARY** ☐ Change ☒ Addition  
 NAME **DOSENA, SAGE**  
 STREET ADDRESS **2680 ALOE AVENUE**  
 CITY-ST-ZIP **COCONUT CREEK, FL 33063**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
 NAME **ERLICH, JACK**  
 STREET ADDRESS **2530 Calamondin Circle**  
 CITY-ST-ZIP **COCONUT CREEK, FL 33063**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **STICH, TWIN**  
 STREET ADDRESS **2601 BLUE SAND AVENUE**  
 CITY-ST-ZIP **COCONUT CREEK, FL 33063**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 REQUIRED**

**3/6/01 954-974-3905**

CR2E037 (10/00)