

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90273 006 ****61.25

DOCUMENT # N09175

1. Entity Name

TAMARIND VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

C/O CASTLE MANAGEMENT, INC.
P.O. BOX 189013
PLANTATION FL 33318
US

Mailing Address

C/O CASTLE MANAGEMENT, INC.
P.O. BOX 189013
PLANTATION FL 33318
US

94076633



MOORE CR2E037 (11/03)

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

7. Name and Address of New Registered Agent

JOHSTON, WALTER
2650 ALOE AVE
COCONUT CREEK FL 33063

Name Cheryl J. Levin
Street Address (P.O. Box Number is Not Acceptable)
4694 NW 103rd Ave.

City Sunrise FL Zip Code 33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME RANDAZZO, ROCHELLE
STREET ADDRESS 2630 ALOE AVE.
CITY-ST-ZIP COCONUT CREEK FL 33063

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

TITLE VD ☐ Delete
NAME LOWE, CAROLYN
STREET ADDRESS 2535 DAHOON AVE
CITY-ST-ZIP COCONUT CREEK FL 33063

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

TITLE SD ☒ Delete
NAME JOHNSON, WALTER
STREET ADDRESS 2650 ALOE AVE.
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE SD ☒ Change ☐ Addition
NAME Johnston-Ramond
STREET ADDRESS 2650 Aloe Ave.
CITY-ST-ZIP Coconut Creek, FL 33063

TITLE TD ☒ Delete
NAME PITTERMAN, LENNY
STREET ADDRESS 2469 DAWN TREE TERRACE
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE TD ☒ Change ☐ Addition
NAME Miller, Martin
STREET ADDRESS 2485 Dawn Tree Terrace
CITY-ST-ZIP Coconut Creek FL 33063

TITLE D ☐ Delete
NAME FEDEREMAN, LARRY
STREET ADDRESS 4995 CALAMONDIN CIR.
CITY-ST-ZIP COCONUT CREEK FL 33063

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

TITLE D ☐ Delete
NAME STITCH, IRWIN
STREET ADDRESS 2661 BLUE SAGE AVE.
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE D ☐ Change ☒ Addition
NAME Siegel, Myron
STREET ADDRESS 4995 Calamondin Circle
CITY-ST-ZIP Coconut Creek, FL 33063

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #