
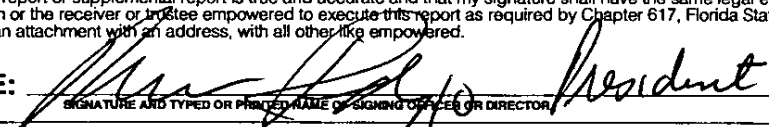


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Tamarind Village Hor

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90293 020 ****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		
2. Principal Place of Business C/O CASTLE GROUP Suite, Apt. #, etc. 12270 SW 3RD STREET			3. Mailing Address C/O CASTLE GROUP Suite, Apt. #, etc. P.O. BOX 559009		
City & State PLANTATION, FL			City & State FT. LAUDERDALE, FL		
Zip 33325		Country		4. FEI Number 59-2470145	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEVIN, CHERYL 4694 NW 103RD AVE. SUNRISE, FL 33351				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANDAZZO, ROCHELLE 2630 ALOE AVE. COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOWE, CAROLYN 2535 DAHOON AVE COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSTON, RAMONA 2650 ALICE AVE. COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, MARTIN 2485 DAWNTREE TERR. COCONUT CREEK, FL 33063	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEENAN, JIM 4879 CALAMONDIN CIRCLE COCONUT CREEK, FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEDEREMAN, LARRY 4995 CALAMONDIN CIR. COCONUT CREEK, FL 33063	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, MYRON 4995 CALAMONDIN CIRCLE COCONUT CREEK, FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STITCH, IRWIN 2661 BLUE SAGE AVE. COCONUT CREEK, FL 33066	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

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