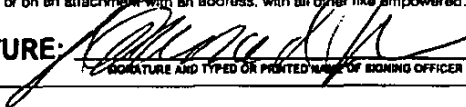


05-18-2007 90216 001 *5,328.75
N09175**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 MAY 23 PM 2:59

TAMARIND VILLAGE HOMEOWNERS ASSOCIATION, INC.
66015630

DOCUMENT # N09175			
1. Entity Name TAMARIND VILLAGE HOMEOWNERS ASSOCIATION, INC.		Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD STREET PLANTATION, FL 33325 US	
Mailing Address C/O CASTLE GROUP P.O. BOX 559009 FORT LAUDERDALE, FL 33355-9009 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2470145		Applied For ☐ Not Applicable	
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	
LEVIN, CHERYL 4694 NW 103RD AVE. SUNRISE, FL 33351		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
Filing Fee is \$81.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	SD SIEGEL, MYRON 4995 CALAMONDIN CIR POMPANO BEACH, FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCONUT CREEK, FL 33063 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD LOWE, CAROLYN 2535 DAHOON AVE COCONUT CREEK, FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDAZZO, ROCHELLE 2630 ALOE AVE COCONUT CREEK, FL 33063 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSTON, RAMONA 2650 ALICE AVE. COCONUT CREEK, FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REISS-LINZER, CYNTHIA 2682 BLUE SAGE AVE COCONUT CREEK, FL 33063 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEENAN, JIM 4879 CALAMONDIN CIRCLE COCONUT CREEK, FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEDEREMAN, LARRY 4995 CALAMONDIN CIR. COCONUT CREEK, FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STITCH, IRWIN 2661 BLUE SAGE AVE. COCONUT CREEK, FL 33063 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: May 1 2007 Daytime Phone # 9549759157	