2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# N09175

Entity Name: TAMARIND VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CASTLE GROUP
12270 SW 3RD STREET
PLANTATION, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

C/O CASTLE GROUP
P.O. BOX 559009
FORT LAUDERDALE, FL 333559009 US

New Mailing Address:

FEI Number: 59-2470145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVIN, CHERYL
4694 NW 103RD AVE.
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RUDNER, HAROLD
Address: 2515 DAHOON AVE
City-St-Zip: COCONUT CREEK, FL 33063

Title: D ( ) Delete
Name: LOWE, CAROLYN
Address: 2535 DAHOON AVE
City-St-Zip: COCONUT CREEK, FL 33063

Title: PD ( ) Delete
Name: JOHNSTON, RAMONA
Address: 2650 ALICE AVE.
City-St-Zip: COCONUT CREEK, FL 33063

Title: TD ( ) Delete
Name: MILLER, MARTY
Address: 2485 DAWNTREE TERRACE
City-St-Zip: COCONUT CREEK, FL 33063

Title: SD ( ) Delete
Name: FEDERMAN, LARRY
Address: 4995 CALAMONDIN CIR.
City-St-Zip: COCONUT CREEK, FL 33063

Title: VD ( ) Delete
Name: RANDAZZO, ROCHELLE
Address: 2630 ALOE AVE
City-St-Zip: COCONUT CREEK, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HIRSCHKOWITZ, NORMAN
Address: 2523 BLUE SAGE AVE
City-St-Zip: COCONUT CREEK, FL 33063

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A DONNELLY MGR 02/21/2009
Electronic Signature of Signing Officer or Director — Date