

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90126 013 ****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

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

**JOHNSTON, WALTER
2650 ALDE AVE
COCONUT CREEK FL 33063**

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

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

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	<input type="checkbox"/> Delete
NAME	RANDAZZO, ROCHELLE	
STREET ADDRESS	2630 ALOE AVE.	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOWE, CAROLYN	
STREET ADDRESS	2535 DAHOON AVE	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, WALTER	
STREET ADDRESS	2650 ALOE AVE.	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PITTERMAN, LENNY	
STREET ADDRESS	2469 DAWN TREE TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ERLICH, JACK	
STREET ADDRESS	2530 CALAMONDIN CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	STITCH, IRWIN	
STREET ADDRESS	2661 BLUE SAGE AVE.	
CITY-ST-ZIP	COCONUT CREEK FL 33066	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD SACKS	
STREET ADDRESS	2516 Blue Sage Ave.	
CITY-ST-ZIP	Coconut CK, FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEDERMAN, LARRY	
STREET ADDRESS	4995 Calamondin Circle	
CITY-ST-ZIP	Coconut Creek, FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* **Rochelle Randazzo, President 1/20/03 (954) 792-6000**

CR2E037 (10/02)