

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000917 (3)**

1. Corporation Name

TAMARIND CAY SECTION I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~GULF HARBOUR YACHT AND COUNTRY CLUB~~
~~15000 MCGREGOR BLVD.~~
~~FORT MYERS FL 33908~~

~~GULF HARBOUR YACHT AND COUNTRY CLUB~~
~~15000 MCGREGOR BLVD.~~
~~FORT MYERS FL 33908~~

3. Date Incorporated or Qualified

02/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

90 INTEGRATED PROPERTY MGMT.

90 INTEGRATED PROPERTY MGMT. 65-0578029

4. FEI Number

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3435 10TH ST. N #201

3435 10TH STREET N. # 201

City & State

City & State

NAPLES, FL

NAPLES, FL

Zip

Country

Zip

Country

33940

COLLIER

33940

COLLIER

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIES, CHRISTOPHER N
1415 HENDRY ST.
FORT MYERS FL 33901

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WOLPERT, GREG G	
STREET ADDRESS	15000 MCGREGOR BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	COMEGYS, LAWRENCE S	
STREET ADDRESS	15000 MCGREGOR BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	HUTCHINGS, MICHAEL G	
STREET ADDRESS	15000 MCGREGOR BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES FAJIS	
1.3 STREET ADDRESS	15000 TAMARIND CAY #206	
1.4 CITY-ST-ZIP	FT MYERS FL 33908	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LAURENCE VIANDEAU	
2.3 STREET ADDRESS	15050 TAMARIND CAY CT #305	
2.4 CITY-ST-ZIP	FT MYERS, FL 33908	
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN WATERHOUSE	
3.3 STREET ADDRESS	15057 TAMARIND CAY CT #1502	
3.4 CITY-ST-ZIP	FT MYERS, FL 33908	
4.1 TITLE	D.S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JEANNE MCGONICK	
4.3 STREET ADDRESS	15000 TAMARIND CAY CT #105	
4.4 CITY-ST-ZIP	FT MYERS FL 33908	
5.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROBERT GROUTS	
5.3 STREET ADDRESS	11271 TAMARIND CAY CT #1603	
5.4 CITY-ST-ZIP	FT MYERS FL 33908	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James L. Fajis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-96 (941) 347-7447

CR2E037 (12/95)