

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

% INTEGRATED PROPERTY MGMT.  
3435 10TH STREET N. #201  
NAPLES FL 33940  
US

% INTEGRATED PROPERTY MGMT.  
3435 10TH STREET N. #201  
NAPLES FL 34103-3815  
US



3. Date Incorporated or Qualified  
**02/24/1995**

3a. Date of Last Report  
**04/29/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
**65-0578029**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$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

**DAMES, CHRISTOPHER N**  
**1415 HENDRY ST.**  
**FORT MYERS FL 33901**

81 Name **CHRISTOPHER SHIELDS, ESQ**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1833 HENDRY ST**  
**P.O. DRAWER 1507**  
83 City  
**FT MYERS**  
84 FL 85 Zip Code  
**33902-1507**

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)

**2/27/97**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **FAYTIS, JAMES**  
CITY - ST - ZIP **15010 TAMARIND CAY #208**  
**FORT MYERS FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **VIENNEAU, LAURENCE**  
CITY - ST - ZIP **15030 TAMARIND CAY CT. #305**  
**FORT MYERS FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☒ DELETE  
NAME **DV**  
STREET ADDRESS **WATERHOUSE, JOHN**  
CITY - ST - ZIP **15037 TAMARIND CAY CT. #1502**  
**FORT MYERS FL**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **Leslie ROSEN**  
3.3 STREET ADDRESS **15030 TAMARIND CAY CT #406**  
3.4 CITY - ST - ZIP **FT MYERS FL 33908**

TITLE ☒ DELETE  
NAME **DS**  
STREET ADDRESS **MCCORMICK, JEROME**  
CITY - ST - ZIP **15000 TAMARIND CAY CT. #105**  
**FT. MYERS FL**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **Michael HUTENHIPS**  
4.3 STREET ADDRESS **15037 TAMARIND CAY CT #1505**  
4.4 CITY - ST - ZIP **FT MYERS FL 33908**

TITLE ☐ DELETE  
NAME **DT**  
STREET ADDRESS **GRANATO, ROBERT**  
CITY - ST - ZIP **11271 TAMARIND CAY CT. #1603**  
**FT. MYERS FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**2/21/97** **941434-7447**  
Signature and typed or printed name of signing officer or director Date Daytime Phone # **0058719**

CR2E037 (9/96)