

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90001 050 \*\*\*\*61.25

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1. Corporation Name

TAMARIND CAY SECTION I CONDOMINIUM ASSOCIATION,  
INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/24/1995

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

9. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER E  
1833 HENDRY ST  
FT. MYERS FL 33902

10. Name and Address of New Registered Agent

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  
NAME FAYTIS, JAMES  
STREET ADDRESS 15010 TAMARIND CAY #206  
CITY-ST-ZIP FORT MYERS FL ☒ DELETE

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

TITLE DS  
NAME BUKOVNIK, JOHN  
STREET ADDRESS 1580 TAMARIND CT  
CITY-ST-ZIP FT. MYERS FL 33908 ☐ DELETE

TITLE SD  
NAME HUTCHINGS, MICHAEL  
STREET ADDRESS 15037 TAMARIND CAY CT., #1505  
CITY-ST-ZIP FT. MYERS FL ☒ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Faytis, James  
1.3 STREET ADDRESS 15010 Tamarind Cay Ct.  
1.4 CITY-ST-ZIP Ft. Myers, FL ☒ Change ☐ Addition

2.1 TITLE S/D  
2.2 NAME Vienneali, Laurence  
2.3 STREET ADDRESS 15030 Tamarind Cay Ct.  
2.4 CITY-ST-ZIP Ft. Myers, FL ☒ Change ☐ Addition

3.1 TITLE P/D  
3.2 NAME Bukovnik, John  
3.3 STREET ADDRESS 15030 Tamarind Cay Ct.  
3.4 CITY-ST-ZIP Ft. Myers, FL ☒ Change ☐ Addition

4.1 TITLE T/D  
4.2 NAME White, Gardner  
4.3 STREET ADDRESS 15030 Tamarind Cay Ct.  
4.4 CITY-ST-ZIP Ft. Myers, FL ☐ Change ☒ Addition

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

25-MAR-99 941-434-7447

0052899

CR2EN37-11/98