

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 14, 1999 8:00 am
Secretary of State

04-14-1999 90211 020 ****61.25

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DOCUMENT # N95000000924

1. Corporation Name

TAMARIND CAY RECREATION ASSOCIATION, INC.

Principal Place of Business

C/O INTEGRATED PROPERTY MANAGEMENT
3435 10TH STREET NORTH #201
NAPLES FL 33940

Mailing Address

C/O INTEGRATED PROPERTY MANAGEMENT
3435 10TH STREET NORTH #201
NAPLES FL 33940



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

02/24/1995

4. FEI Number

65-0574262

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

**DAVIES, CHRISTOPHER N
ALLEN KNUDSEN DEBOEST & ROBERTS, P.A.
1415 HENDRY ST.
FORT MYERS FL 33901**

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 ☐ DELETE
NAME **D FREEMAN, EARL**
STREET ADDRESS **15043 TAMARIND CAY CT**
CITY-ST-ZIP **FT MYERS FL 33908**

TITLE ☐ DELETE
NAME **D FAYTIS, JIM**
STREET ADDRESS **15010 TAMARIND CAY CT**
CITY-ST-ZIP **FT MYERS FL 33908**

TITLE ☐ DELETE
NAME **DP WOLPERT, GREG**
STREET ADDRESS **9220 BONITA BEACH RD, SUITE 215**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ DELETE
NAME **DST MEEKS, WILLIAM J.**
STREET ADDRESS **9220 BONITA BEACH RD, SUITE 215**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ DELETE
NAME **DVP GRIFFITH, SCOTT**
STREET ADDRESS **9220 BONITA BEACH RD, SUITE 215**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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NAME **DVP GRIFFITH, SCOTT**
STREET ADDRESS **9220 BONITA BEACH RD, SUITE 215**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99 (941) 498-7711

CR2E037 (11/98)