

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90059 032 \*\*\*\*61.25

**DOCUMENT # N95000000924**

1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0574262</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SHIELDS, CHRISTOPHER 1833 HENDRY ST FT MYERS FL 33902				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.

SIGNATURE \_\_\_\_\_ (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  
Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUKOVNIK, JOHN		NAME	COLLINS, PATRICIA	
STREET ADDRESS	15030 TAMARIND CAY CT		STREET ADDRESS	15043 Tamarind Cay Ct.	
CITY-ST-ZIP	FT MYERS FL 33908		CITY-ST-ZIP	Ft. Myers, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCARCELLO, CAROL		NAME	HUPPERTS, FRANK	
STREET ADDRESS	15049 TAMARIND CAY CT		STREET ADDRESS	15055 Tamarind Cay Ct.	
CITY-ST-ZIP	FT MYERS FL 33908		CITY-ST-ZIP	Ft. Myers, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUER, KATHLEEN		NAME	LONG, BOB	
STREET ADDRESS	15060 TAMARIND CAY CT		STREET ADDRESS	15042 Tamarind Cay Ct.	
CITY-ST-ZIP	FT MYERS FL		CITY-ST-ZIP	Ft. Myers, FL	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	VIENNEAU, LARRY	
STREET ADDRESS			STREET ADDRESS	15030 Tamarind Cay Ct.	
CITY-ST-ZIP			CITY-ST-ZIP	Ft. Myers, FL	
TITLE		<input type="checkbox"/> Delete	TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	KLINE ROBERT	
STREET ADDRESS			STREET ADDRESS	11251 Jacana Ct.	
CITY-ST-ZIP			CITY-ST-ZIP	Ft. Myers, FL	
TITLE		<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BECHTEL, RICK	
STREET ADDRESS			STREET ADDRESS	3435-10th St. N., #201	
CITY-ST-ZIP			CITY-ST-ZIP	Naples, FL 34103	

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:

RICK BECHTEL

4/24/01

941-434-7447

CR2E037 (10/00)

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