

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2002 8:00 am  
Secretary of State

04-23-2002 90380 049 \*\*\*\*61.25

DOCUMENT # N95000000924

1. Entity Name

TAMARIND CAY RECREATION ASSOCIATION, INC.

Principal Place of Business

INTEGRATED PROPERTY MANAGEMENT  
335 10TH STREET NORTH #201  
NAPLES FL 33940

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

% Henke Property Mgmt.  
Suite, Apt. #, etc.

6213 Presidential Ct. # A  
City & State

Ft. Myers, FL

Zip 33919

3. Mailing Address

% Henke Property Mgmt.  
Suite, Apt. #, etc.

6213 Presidential Ct., Suite A  
City & State

Ft. Myers, FL

Zip 33919

4. FEI Number

65-0574262

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER  
1833 HENDRY ST  
FT MYERS FL 33902

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

65-0574262

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

TITLE	D	NAME	COLLINS, PATRICIA	STREET ADDRESS	15043 TAMARIND CAY COURT	CITY-ST-ZIP	FT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	HUPPERTS, FRANK	STREET ADDRESS	15055 TAMARIND CAY COURT	CITY-ST-ZIP	FT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	LONG, BOB	STREET ADDRESS	15042 TAMARIND CAY COURT	CITY-ST-ZIP	FT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	VIENNEAU, LARRY	STREET ADDRESS	15030 TAMARIND CAY COURT	CITY-ST-ZIP	FT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE	DP	NAME	KLINE, ROBERT	STREET ADDRESS	11251 JACANA CT	CITY-ST-ZIP	FT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE	AS	NAME	BECHTEL, RICK	STREET ADDRESS	3435 10TH ST N #201	CITY-ST-ZIP	NAPLES FL 34103	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	NAME	Wing, Henry	STREET ADDRESS	15055 Tamarind Cay Ct.	CITY-ST-ZIP	Ft. Myers, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S/D	NAME	Regan, Terry	STREET ADDRESS	15042 Tamarind Cay Ct.	CITY-ST-ZIP	Ft. Myers, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	T/D	NAME	Schneider, Bob	STREET ADDRESS	11271 Tamarind Cay Ct.	CITY-ST-ZIP	Ft. Myers, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	V/D	NAME	Armstrong, Bill	STREET ADDRESS	11260 Jacana Ct.	CITY-ST-ZIP	Ft. Myers, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	V/D	NAME	Ridgeway, Larry	STREET ADDRESS	15000 Tamarind Cay Ct.	CITY-ST-ZIP	Ft. Myers, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERREUCE J. REGAN 4/3/02 944-4669180

Date

Daytime Phone #

CR2E037 (9/01)