

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

4/30,

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90216 028 \*\*\*\*61.25

**DOCUMENT # N95000000924**

1. Entity Name

**TAMARIND CAY RECREATION ASSOCIATION, INC.**



Principal Place of Business

C/O HENKE PROPERTY MGMT.  
6213 PRESIDENTIAL CT., STE A  
FORT MYERS FL 33919

Mailing Address

C/O HENKE PROPERTY MGMT.  
6213 PRESIDENTIAL CT., STE A  
FORT MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPDS	<input type="checkbox"/> Delete
NAME	WING, HENRY	
STREET ADDRESS	15055 TAMARIND CAY CT.	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LONG, ROBERT	
STREET ADDRESS	15042 TAMARIND CAY CT. #508	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FETERLE, WILLIAM	
STREET ADDRESS	15000 TAMARIND CAY CT	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RIDGEWAY, LARRY	
STREET ADDRESS	15000 TAMARIND CAY CT.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wing, Henry	
STREET ADDRESS	15055 Tamarind Cay Ct # 1206	
CITY-ST-ZIP	Ft Myers FL 33908	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Provence, Tammy	
STREET ADDRESS	15000 Tamarind Cay Ct # 103	
CITY-ST-ZIP	Ft Myers FL 33908	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ladner, Diak	
STREET ADDRESS	15049 Tamarind Cay Ct # 1309	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Graham, Nancy	
STREET ADDRESS	11260 Jacana Ct # 2009	
CITY-ST-ZIP	Ft Myers FL 33908	
TITLE	S/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cohen, Barbara	
STREET ADDRESS	15055 Tamarind Cay Ct # 1207	
CITY-ST-ZIP	Ft Myers FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Henry Wing*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04

Date

239-481-7150

Daytime Phone #