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FILED

Mar 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002499 (0)

1. Corporation Name

TAMARIND CAY SECTION II CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

% INTEGRATED PROPERTY MGMT.
3435 10TH STREET N. #201
NAPLES FL 33940
US% INTEGRATED PROPERTY MGMT.
3435 10TH STREET N. #201
NAPLES FL 34103-3815
US3. Date Incorporated or Qualified
05/25/19953a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

4. FEI Number

65-0578032

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DAVID CHRISTOPHER N~~
~~1415 HENDRY ST~~
~~FT MYERS FL 33901~~81 Name CHRISTOPHER SHIELDS, ESQ
82 Street Address (P.O. Box Number is Not Acceptable)
1833 HENDRY ST. P.O. DRAWER 1507
83
84 City FT MYERS FL 85 Zip Code 33902-1507

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 ☒ DELETE
NAME WOLPERT, GREG G
STREET ADDRESS 14581 WESTPORT DR
CITY-ST-ZIP FT MYERS FL 33908TITLE DST ☒ DELETE
NAME HUTCHINGS, MICHAEL G
STREET ADDRESS 14581 W PORT DR
CITY-ST-ZIP FT MYERS FL 33908TITLE D ☐ DELETE
NAME BUTLER, ELLEN
STREET ADDRESS 15042 TAMARIND CAY CT., #504
CITY-ST-ZIP FT. MYERS FLTITLE D ☐ DELETE
NAME FREEMAN, EARL
STREET ADDRESS 15043 TAMARIND CAY CT., #1402
CITY-ST-ZIP FT. MYERS FLTITLE D ☐ DELETE
NAME Michael Heeri
STREET ADDRESS 15048 TAMARIND CAY CT #605
CITY-ST-ZIP FT MYERS FL 33908TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0058727

CR2E037 (9/96)