

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003961 (8)**

1. Corporation Name

**TAMARIND CAY SECTION III CONDOMINIUM ASSOCIATION
, INC.**



Principal Place of Business

**14581 WESTPORT DRIVE
FORT MYERS FL 33908**

Mailing Address

**14581 WESTPORT DRIVE
FORT MYERS FL 33908**

2. Principal Place of Business

21

2a. Mailing Address

26 901PM

2b. Suite, Apt. #, etc.

27 3435 10th St. N. Suite 201

2c. City & State

28 Naples FL

2d. Zip

24

2e. County

25

2f. Zip

29 33940

2g. Country

30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLPERT, GREG G		1.2 NAME	
STREET ADDRESS	14581 WESTPORT DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908		1.4 CITY-ST-ZIP	
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMEGRYS, LAWRENCE S		2.2 NAME	
STREET ADDRESS	14581 WESTPORT DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908		2.4 CITY-ST-ZIP	
TITLE	DST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINGS, MICHAEL G		3.2 NAME	
STREET ADDRESS	14581 WESTPORT DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Greg Wolpert 3/1/96 (941)482-1594

Date

Daytime Phone #

CR2E037 (12/95)