NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9500003961

## TAMARIND CAY SECTION III CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business 14581 WESTPORT DRIVE FORT MYERS FL 33908

Mailing Address

C/O IPM 3435 10TH N STE 201 NAPLES FL 33940

## FILED Apr 29, 1999 8:00 am § Secretary of State

04-29-1999 90279 020 \*\*\*\*61.25



		08				1				
	Place of Business regrated Property Mgmt.			3. Date In-	corporated or Qualifed /1995					
- Suite, Apt.						4. FEI Nu			Ap	plied For
	- 10th St. N., #201						51690		No	t Applicable
City & Stat Naple:	te S, FL	City & State			5. Certifca	ite of Status Desired	sired			
Zip 34	103 Country Zip Zip 29			Country 30		l l	Campaign Financing	\$5.00 May Be Added to Fees		
24   25   29   3  9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
	V. Name and Address of Current	rogisto		81	Name				<del>-</del>	
DAVIES, CHRISTOPHER N'ESQ ALLEN, KNUDSEN, DEBOEST & ROBERTS, P.A.					82 Street Address (P.O. Box Number is Not Acceptable)					
	NDRY STREET			83						
FORT MYERS FL 33901					City	FL			85 Zip Code	
office or I	to the provisions of Sections 617.0502 registered agent, or both, in the State o am familiar with, and accept the obligation	f Florida. ons of, S	Such change was auth ection 617.0503, Florida	onzed by a Statutes	tne corpo	ration's board of d	irectors. I hereby accep	pt the appoir	ntment as re	gistered
-10	Signature, typed or printed name of registered agent			egistered Ager	it signature re	quired when reinstating)	NS/CHANGES TO OF		D DIRECTO	RS IN 12
12.	OFFICERS AND	DIREC	M DELETE	1.1 TITLE		D	710/011/11/020 10 01	TIOLINGTII	☐ Change	X Addition
TITLE	DP OPEN OPEN O		A December	1.2 NAME		Davis, Sly			_ ,	
NAME	WOLPERT, GREG G			1.3 STREET	ADDDECC		narind Cay Ct.			•
STREET ADDRESS	1					Ft. Myers,				
CITY-ST-ZIP	FORT MYERS FL 33908		☐ DELETE	1.4 CITY-S' 2.1 TITLE	1-ZIP				Change	☐ Additio
TITLE	D HENDY		□ beceie	2.2 NAME					_ ,	
NAME	WING, HENRY   15055 TAMARINS CAY CT., #12	ne		2.3 STREET	T ADDDESS		•			
STREET ADDRESS	FORT MYERS FL	.00		2. 4 CITY- S	-	-		-		. ~
CITY-ST-ZIP TITLE	D		DELETE	3.1 TITLE	,1-21	D/P			Change	Addition
NAME 3.5	BAUER, KATHLEEN		_	3.2 NAME		Bauer, Ka				
STREET ADDRESS		3	,	1	TADORESS		marind Cay Ct.	•		
CITY-ST-ZIP	FORT MYERS FL 33908	_		3.4. CITY-S	T-ZIP	Ft. Myers,	FL			
TITLE (	D.	····	<b>⊠</b> DELETE	4.1 TITLE		D/S/T			☐ Change	Additio
NAME .	GRIFFITH, SCOTT			4. 2 NAME		Kittredge,				
STREET ADDRESS		215		4.3 STREET	ADDRESS		marind Cay Ct.			
CITY-ST-ZIP	BONITA SPRINGS FL 34135			4.4 CITY-S	T-ZIP	Ft. Myers,	FL			;"
TITLE	D	-	<b>⊠</b> DELETE	5.1 TITLE		D	1 ·		Change	🔀 Additio
NAME	MEEKS, WILLIAM M			5.2 NAME		McKiernar				
STREET ADDRESS	9220 BONITA BEACH RD			5.3 STREE		Ft. Myers,	marind Cay Ct.			
CITY-ST-ZIP	BONITA SPRINGS FL 34135			5.4 CITY-S	T-ZIP	rt. Myers,	<u> </u>			
TITLE AND THE	AS TANK		☐ DELETE	6.1 TITLE		_			Change	Addition Addition
NAME	BECHTÉL: RICHARD			6.2 NAME	į	•				
STREET ADDRESS				6.3 STREE	T ADDRESS					
	NADIES EL 24102			64 CITY-S	T. 7IP					

14. 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 annual report or supplemental angual 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 empewerer) 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 an attachment with an address with all other like empowered.

SIGNATURE: