

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003961

1. Entity Name

TAMARIND CAY SECTION III CONDOMINIUM ASSOCIATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90105 042 ****61.25

Principal Place of Business	Mailing Address
C/O INTEGRATED PROPERTY MGMT 3435 10TH ST. N. #201 NAPLES FL 34103	C/O IPM 3435 10TH N STE 201 NAPLES FL 34103-3815 US



DO NOT WRITE IN THIS SPACE

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	65-0651690	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Shields, Christopher J.
 Street Address (P.O. Box Number is Not Acceptable): 1833 Hendry Street
 PO Drawer 1507
 City: Ft. Myers FL Zip Code: 33902

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]* CHRISTOPHER SHIELDS DATE: 4/24/00

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	NAME	DAVIS, SLY	STREET ADDRESS	15066 TAMARIND CAY CT.	CITY-ST-ZIP	FORT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE	D	NAME	WING, HENRY	STREET ADDRESS	15055 TAMARIND CAY CT., #1206	CITY-ST-ZIP	FORT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE	DP	NAME	BAUER, KATHLEEN	STREET ADDRESS	15060 TAMARNO CAY CT, #809	CITY-ST-ZIP	FORT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE	DST	NAME	KITTREDGE, WALTER	STREET ADDRESS	15091 TAMARIND CAY CT.	CITY-ST-ZIP	ST. MYERS FL 34135	<input type="checkbox"/> Delete
TITLE	D	NAME	MCKIEMAN, DONALD	STREET ADDRESS	15091 TAMARIND CAY CT.	CITY-ST-ZIP	FT. MYERS FL 34135	<input type="checkbox"/> Delete
TITLE	AS	NAME	BECHTEL, RICHARD	STREET ADDRESS	3435 10TH ST N, SUITE 201	CITY-ST-ZIP	NAPLES FL 34103	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	Davis, Seymour	STREET ADDRESS	15066 Tamarind Cay Ct.	CITY-ST-ZIP	Ft. Myers, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	Hupperts, Frank	STREET ADDRESS	15055 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
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input 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]* SEYMOUR DAVIS 4/19/00 941-434-7447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)