FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham •

Secretary of State **DIVISION OF CORPORATIONS**

1997

N95000004783 (5)

DOCUMENT #

TAMARIND CAY SECTION IV CONDOMINIUM ASSOCIATION, INC.									
Principal Plac	Mailing Address	g Address				JUILE UNISE CUIT UIULE II	401 (4106 (41) (40)		
14581 WESTPORT DRIVE C/O IPM FORT MYERS FL 33908 3435 10TH STREET NORT NAPLES FL 34103-3815			TH SUITE :	I SUITE 201		3. Date Incorporated or Qualified 3e. Date of Last Report 03/22/1996			
2. Principal P	2a. Maiting Address	Mailing Address			A CETAL COLOR	1			
21		26				APPLIED TORGS - (769895g	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.7	5 Additional	
22		27		5. Centinicate of Status Desired	Fee	Required			
City & Stat	Ө	City & State				6. Election Campaign Financing		00 May Be	
Zip ·	Country Zip		p Country		Trust Fund Contribution		ed to Fees		
24			30	1 '		This corporation has liability for in Florida Statutes	ntangible tax unde] Yes	rs. 199.032,	
9. Name and Address of Curre					10. Name and Address of New Registered Agent				
				81	Name				
DAVIES, CHRISTOPHER N ESQ.				82	Street Addr	ddress (P.O. Box Number is Not Acceptable)			
	NDRY STREET								
FORT M	IYERS FL 33901			83					
				84	City		85 Z	ip Code	
	to the providence of Coaling Cd7 OF	00 and 047 4500. Florida Olaba	las dis si				FL °° '		
office or r	to the provisions of Sections 617.050 registered agent, or both, in the State	02 and 617,1508, Florida Statu e of Florida. Such change was	tes, the at authorize	bove- d by t	named corp the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changin it the appointment	g its registered as registered	
agent.ia	im familiar with, and accept the oblig	ations of, Section 617.0503, Fi	lorida Stat	tutes.					
SIGNATURE .	Signature, typed or printed name of registered ag	O(A) add title if and cable (NO	If · Projetero	d Aneni	l signature requir	red when reinstaling)	DATE		
12.	OFFICERS AND DIRECTORS		13.		Bigilature requir	ADDITIONS/CHANGES TO OFFICE		ORS IN 12	
TITLE	PD	☐ DEL€TE	1.1 TITLE				☐ Chang		
NAME	WOLPERT, GREG G	G G		AME					
STREET ADDRESS	14581 WESTPORT DRIVE		1.3 \$1	TREET A	DORESS				
CITY-ST-ZIP	FORT MYERS FL 33908		1.4 CI	TY-51-	- ZIP				
TITLE	VD	DELETE	2.1 10	TLE			Chang	ge Addition	
NAME,	COMEGYS, LAWRENCE S		2.2 NAME						
STREET ADDRESS	14581 WESTPORT DRIVE		2.3 STREET ADDRESS		DDRESS				
CITY-\$T-ZIP	FORT MYERS FL 33908			ITY-ST	-ZIP				
TITLE	STD	☐ DELETE	3.1 TI		1		☐ Chang	ge 🛄 Addition	
NAME	HUTCHINS, MICHAEL G		3.2 NAME					j	
STREET ADDRESS	14581 WESTPORT DRIVE		3.3 STREET AD		1				
CITY-ST-ZIP TITLE	FORT MYERS FL 33908	L DELETE	3.4. CITY - S 4.1 TITLE		- ZIP		Chang	pe Addition	
NAME			4.1 111LE 4. 2 NAME				LJ Chang	ge 🗀 Autilion	
STREET ADDRESS					DODECC				
CITY+ST-ZIP			4.3 STREET 4.4 City-S		J				
TITLE		DELETE	5.1 TITLE		1410		Chang	ge Addition	
NAME			5.2 NAME						
STREET ADDRESS					DDRESS				
CITY-ST-ZIP				5.4 CITY-ST-ZIP					
TITLE				6.1 TITLE			Chang	ge Addition	
NAME			6.2 N/	AME					
STREET ADDRESS			1		DDRESS		•	ļ	
CITY-ST-7IP				ITV_ CT_					

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 attackment with an address.

FILED

Apr 21 1997 8:00am

Secretary of State