FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000004783 (5) TAMARIND CAY SECTION IV CONDOMINIUM ASSOCIATION,

Principal Place of Business Mailino Address 14581 WESTPORT DRIVE 3. Date Incorporated or Qualified FORT MYERS FL 33908 3435 10TH STREET NORTH SUITE 201 10/09/1995 NAPLES FL 33940 4. FEI Number Applied For 65-0698952 Not Applicable 2. Principal Place of Business 2a, Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #. etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? V Yes 23 28 Country Zip Country 8. This corporation owes or has paid the current war Intangible A Yes □ No Personal Property Tax due June 30. 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVIES, CHRISTOPHER N ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 1415 HENDRY STREET 83 FORT MYERS FL 33901 84 City Zip Code 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, typind or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE WOLPERT, GREG G 1.2 NAME NAME 14581 WESTPORT DRIVE 1.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33908 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition . DELETE 2.1 TITLE TITLE wichiel Merks NAME COMEGYS, LAWRENCE S 2.2 NAME 14581 WESTPORT DRIVE STREET ADDRESS 2.3 STREET ADDRESS FORT MYERS FL 33908 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 31 TITLE TITLE HUTCHINS, MICHAEL G 3.2 NAME NAME 14581 WESTPORT DRIVE STREET ADORESS 3.3 STREET ADDRESS FORT MYERS FL 33908 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-7IP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

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 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:

FILED

Apr 23 1998 8:00am

Secretary of State