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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000004783

1. Corporation Name

TAMARIND CAY SECTION IV CONDOMINIUM ASSOCIATION, INC.

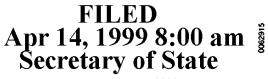
Principal Place of Business							
	WESTPORT DRIVE MYERS FL 33908						

Mailing Address

C/O IPM

3435 10TH STREET NORTH SUITE 201

NAPLES EL 33940



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		, 14	220 / 2 000 /	•							
Principal Place of Busin	ness	2a.	Mailing Addr	ess				d			
Suite. Apt. #. etc.		26	Suite, Apt. #	, etc.			10/09/1995 4. FEI Number	•	Applied For		
, , , , , , , , , , , , , , , , , , ,		27					65-0698952		Not Applicable		
City & State		20	City & State				5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
Žip	Country		Zip		ountry			, 🗆	\$5.00 May Be Added to Fees		
					η-	10. Name and Address of New Registered Agent					
7					81	Name					
DAVIES, CHRISTOPHER N ESQ.				82	82 Street Address (P.O. Box Number is Not Acceptable)						
					83						
					84	City		FL	85 Zip Code		
	Suite, Apt. #, etc. City & State Zip 9. Name DAVIES, CHRISTOP 1415 HENDRY STRE	City & State Zip Country 25 9. Name and Address of Cur	Principal Place of Business 2a. 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 25 29 9. Name and Address of Current Regist DAVIES, CHRISTOPHER N ESQ. 1415 HENDRY STREET	Principal Place of Business 2a. Mailing Addr 26 Suite, Apt. #, etc. City & State City & State Zip Country Zip 25 29 9. Name and Address of Current Registered Agent DAVIES, CHRISTOPHER N ESQ. 1415 HENDRY STREET	Suite, Apt. #, etc. Suite, Apt. #, etc.	Principal Place of Business 2a. Mailing Address 26	Principal Place of Business 2a. Mailing Address 26	Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Country Sign Country Zip Country Country Sign Country Address of Current Registered Agent DAVIES, CHRISTOPHER N ESQ. 1415 HENDRY STREET FORT MYERS FL 33901 3. Date Incorporated or Qualifer 10/09/1995 4. FEI Number 65-0698952 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 10. Name and Address of New 81 Name 82 Street Address (P.O. Box Number is Not Accept 83	Principal Place of Business 2a. Mailing Address 26 10/09/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Suite, Apt. #, etc. Country A FEI Number 65-0698952 Country 6 Election Campaign Financing Trust Fund Contribution 3. Name and Address of Current Registered Agent 10. Name and Address of New Registered 81 Name DAVIES, CHRISTOPHER N ESQ. 1415 HENDRY STREET FORT MYERS FL 33901		

4	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
п.	Principal to the provisions of Sections of 7.0002 and of 7.1000, Florida Statutes, the above-harded corporation submits this statement for the perpose of other and sections of the perpose of other and sections of the perpose of other and the perp
	the state of the second the connection of the second the connection of the connection of the second the second the connection of the second the seco
	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
	Cliffice of registered agent, or both, in the State of Floridge agent change was destronted by the destronted by
	agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
	agent I am tamiliat with land accept the obligations of Section of Albuda Statutes.

office or r	to the provisions of Sections 617.0502 and 617.1508, Florida egistered agent, or both, in the State of Florida. Such change in familiar with, and accept the obligations of, Section 617.050	was authorized by the corpor	orporation submits this ration's board of direct	ors. I hereby accept th	le appointment as reg	pistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature req	uired when reinstating)		DATE	
12.	OFFICERS AND DIRECTORS	13.		CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	PD DELE	TE 1.1 TITLE	*	-	☐ Change	☐ Addition
NAME	WOLPERT, GREG G	1.2 NAME				
STREET ADDRESS		1.3 STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS FL 33908	1.4 CITY-ST-ZIP				
TITLE	DTS DELE	TE 2.1 TITLE			☐ Change	☐ Addition
NAME	MEEKS, MICHAEL	2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS			_	•
CITY-ST-ZIP	BONITA SPRINGS FL 34135	2. 4 CITY-ST-ZIP				
TITLE	DVP DELE	ETE 3.1 TITLE			☐ Change	☐ Addition
NAME	GRIFFITH, SCOTT	3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP	BONITA SPRINGS FL 34135	3.4. CITY-ST-ZIP				
TITLE	☐ DELE	ETE 4,1 TITLE			Change	☐ Addition
NAME	•	4.2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	□ DELE	ETE 5.1 TITLE			Change	☐ Addition
NAME	•	5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	DELL	ETE 6.1 TITLE			Change	Addition
NAME	Total Same Company	6.2 NAME				
STREET ADDRESS	1 San	6.3 STREET ADDRESS				•
CITY-ST-ZIP	447.202446 1447 X	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 adachment with an address, with all other like empowered.