

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2000 8:00 am**
Secretary of State

05-02-2000 90053 017 ****61.25

DOCUMENT # N95000004783

1. Entity Name

TAMARIND CAY SECTION IV CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

**14581 WESTPORT DRIVE
FORT MYERS FL 33908****C/O IPM
3435 10TH STREET NORTH SUITE 201
NAPLES FL 34103-3815**

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

65-0698952

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****DAVIES, CHRISTOPHER N ESO
1415 HENDRY STREET
FORT MYERS FL 33901**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.
FORT MYERS FL 33901

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **PD** ☐ Delete
NAME **WOLPERT, GREG G**
STREET ADDRESS **14581 WESTPORT DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33908**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DTS** ☐ Delete
NAME **MEEKS, MICHAEL**
STREET ADDRESS **9220 BONITA BEACH RD, SUITE 215**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DVP** ☒ Delete
NAME **GRIFFITH, SCOTT**
STREET ADDRESS **9220 BONITA BEACH RD, SUITE 215**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**TITLE **D** ☐ Change ☒ Addition
NAME **Kline, Robert**
STREET ADDRESS **11251 Jacana Court**
CITY-ST-ZIP **Ft. Myers, FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Change ☒ Addition
NAME **Laritz, Ken**
STREET ADDRESS **11251 Jacana Court**
CITY-ST-ZIP **Ft. Myers, FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**GREG WOLPERT****4/17/00**

Date

941-434-7447

Daytime Phone #