

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731162

**FILED  
Mar 27, 2015  
Secretary of State  
CC5262937153**

**Entity Name:** THE TAMARIND, INC.

**Current Principal Place of Business:**

6665 N. OCEAN BLVD  
OCEAN RIDGE, FL 33435

**Current Mailing Address:**

6665 N. OCEAN BLVD  
OCEAN RIDGE, FL 33435

**FEI Number:** 59-1558803

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
625 NORTH FLAGLER DRIVE - 7TH FLOOR  
WEST PALM BEACH, FL 33401 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name PAPPAS, TODD  
Address 6665 N OCEAN BLVD  
City-State-Zip: OCEAN RIDGE FL 33435

Title VP  
Name SMITH, LOU  
Address 6665 N OCEAN BLVD  
City-State-Zip: OCEAN RIDGE FL 33435

Title P  
Name BENISCH, JOHN  
Address 6665 N OCEAN BLVD  
City-State-Zip: OCEAN RIDGE FL 33435

Title V  
Name GUSTAFSON, ERIK  
Address 6665 N OCEAN BLVD  
City-State-Zip: OCEAN RIDGE FL 33435

Title S  
Name MCCARTHY, MICHAEL  
Address 6665 N. OCEAN BLVD.  
City-State-Zip: OCEAN RIDGE FL 33435

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN BENISCH

**PRESIDENT**

**03/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date