2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2014
Secretary of State
CC7072881037

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Entity Name: TAMARIND VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CASTLE GROUP
12270 SW 3RD STREET
PLANTATION, FL 33325

Current Mailing Address:

C/O CASTLE GROUP
P.O. BOX 559009
FORT LAUDERDALE, FL 33355-9009 US

FEI Number: 59-2470145

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVIN, CHERYL
4694 NW 103RD AVE.
SUNRISE, FL 33351 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	D
Name	RUDNER, HAROLD
Address	2515 DAHOON AVENUE
City-State-Zip:	COCONUT CREEK FL 33063

Title	PD
Name	JOHNSTON, RAMONA
Address	2650 ALOE AVE.
City-State-Zip:	COCONUT CREEK FL 33063

Title	SD
Name	HIRSCHKOWITZ, NORMAN
Address	2523 BLUE SAGE AVENUE
City-State-Zip:	COCONUT CREEK FL 33063

Title	DIRECTOR
Name	HOLLANDER, MICKEY
Address	2618 BLUE SAGE AVE
City-State-Zip:	COCONUT CREEK FL 33063

Title	D
Name	LOWE, CAROLYN
Address	2535 DAHOON AVE
City-State-Zip:	COCONUT CREEK FL 33063

Title	TD
Name	GARGANO, GAIL
Address	2634 BLUE SAGE AVE
City-State-Zip:	COCONUT CREEK FL 33063

Title	VD
Name	RANDAZZO, ROCHELLE
Address	2630 ALOE AVE
City-State-Zip:	COCONUT CREEK FL 33063

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: RAMONA JOHNSTON PRESIDENT 04/22/2014

Electronic Signature of Signing Officer/Director Detail — Date