


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90053 032 ****61.25

DOCUMENT # 726927					
1. Entity Name TAMARAC FAIRWAYS ASSOCIATION, INC.					
Principal Place of Business PHOENIX MGMT SERVICE 4780 N STATE RD 7 STE E250 LAUDERDALE LAKE, FL 33319 US			Mailing Address PHOENIX MGMT SERVICE 4780 N STATE RD 7 STE E250 LAUDERDALE LAKE, FL 33319 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1671402	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		01192006 Chg-NP CR2E037 (11/05)			
Not Applicable					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHOENIX MGMT SERVICES 4780 N STATE RD 7 STE E250 LAUDERDALE LAKES, FL 33319			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAPP, GLENN		NAME	Leavy Michael	
STREET ADDRESS	8105 N.W. 61 STREET A-105		STREET ADDRESS	8305 NW 61 Street C204	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEFF, JERRY		NAME	Jerry Roseff	
STREET ADDRESS	8205 NW 61 STREET B111		STREET ADDRESS	8205 NW 61st B111	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Roseff Diane SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEFF, DIANA		NAME	8205 NW 61st B111	
STREET ADDRESS	8205 N.W. 61 STREET B111		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Wasserman Elaine TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSERMAN, ELAINE		NAME	8205 NW 61 Street	
STREET ADDRESS	8205 N.W. 61 STREET B206		STREET ADDRESS	TAMARAC FL 33321	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	llera, Jose D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COPPOLA, BARBARA		NAME	8305 NW 61st + C306	
STREET ADDRESS	8105 NW 61ST STREET, 202		STREET ADDRESS	TAMARAC FL 33321	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Holzem, James	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANZA, ANTHONY		NAME	8205 NW 61st B212	
STREET ADDRESS	8105 N.W. 61 STREET A101		STREET ADDRESS	TAMARAC FL 33321	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Jerry Roseff</i>		Date: <i>1/20/06</i>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					