

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 27 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 745115 (6)  
1. Corporation Name  
ISLES OF TAMARAC HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address  
10500 NW 70TH STREET TAMARAC FL 33321  
10500 NW 70TH STREET TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/01/1978  
3a. Date of Last Report 04/06/1994  
4. FEI Number 59-2182308  
Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
POLIAKOFF, GARY A  
C/O BECKER & POLIAKOFF, P.A.  
3111 STIRLING ROAD  
FORT LAUDERDLE FL 33312

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME SIEGEL, MILTON  
STREET ADDRESS 10114 N.W. 71ST STREET  
CITY - ST - ZIP TAMARAC, FL 00000  
TITLE D  
NAME GOLDBIER, ADRIAN  
STREET ADDRESS 10306 NW 106 AVENUE  
CITY - ST - ZIP TAMARAC, FL 00000 FL  
TITLE D  
NAME KORMAN, ESTHER  
STREET ADDRESS 10312 NW 70TH CT.  
CITY - ST - ZIP TAMARAC, FL 00000  
TITLE TD  
NAME PARNESS, IRVING  
STREET ADDRESS 10324 NW 71ST PLACE  
CITY - ST - ZIP TAMARAC, FL 00000  
TITLE D  
NAME ~~DAHLMAN, SAM~~ FUREDI, WALTER  
STREET ADDRESS 10912 NW 71 PLACE 7124 NW 107 AVE  
CITY - ST - ZIP TAMARAC FL  
TITLE SD  
NAME LEICHTUNG, DAVID  
STREET ADDRESS 10740 NW 71ST PL  
CITY - ST - ZIP TAMARAC, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE VP D  Change  Addition  
1.2 NAME KORNFELD, ARTHUR  
1.3 STREET ADDRESS 7012 NW 107 AVE  
1.4 CITY - ST - ZIP TAMARAC, FL  
2.1 TITLE D  Change  Addition  
2.2 NAME DE SARIO, LARRY  
2.3 STREET ADDRESS 10511 NW 71 ST  
2.4 CITY - ST - ZIP TAMARAC, FL  
3.1 TITLE D  Change  Addition  
3.2 NAME GRAIFMAN, IRVING  
3.3 STREET ADDRESS 7031 NW 104 AVE  
3.4 CITY - ST - ZIP TAMARAC, FL  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irving Parness IRVING PARNESS 4-22-95 (30) 721-8883  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #