

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **12/01/1978**
3a. Date of Last Report: **04/27/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2182308	Not Applicable
22	23	27	28	5. Certificate of Status Desired
City & State	City & State	City & State	City & State	<input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution
Zip	Country	Zip	Country	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**POLIAKOFF, GARY A
C/O BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE 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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDP <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORNFELD, ARTHUR	1.2 NAME	SIEGEL, MILTON
STREET ADDRESS	7012 NW 107 AVE	1.3 STREET ADDRESS	10114 NW 71 STREET
CITY-ST-ZIP	TAMARAC, FL 00000 33321	1.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESARIO, LARRY	2.2 NAME	GOLLOBIER, ADRIAN
STREET ADDRESS	10511 NW 71 ST	2.3 STREET ADDRESS	10306 NW 71 PLACE
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAIFMAN, IRVING	3.2 NAME	BERNSTEIN, DOROTHY
STREET ADDRESS	7032 NW 104 AVE	3.3 STREET ADDRESS	7011 NW 104 AVE
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARNES, IRVING	4.2 NAME	SILVERMAN, NORMAN
STREET ADDRESS	10324 NW 71ST PLACE	4.3 STREET ADDRESS	7119 NW 100 TERR
CITY-ST-ZIP	TAMARAC, FL 00000 33321	4.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUREDI, WALTER	5.2 NAME	VANHOFF, NICK
STREET ADDRESS	7124 NW 107 AVE	5.3 STREET ADDRESS	10040 NW 71 COURT
CITY-ST-ZIP	TAMARAC FL 33321	5.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEICHTUNG, DAVID	6.2 NAME	
STREET ADDRESS	10740 NW 71ST PL 7125 NW 100 TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 00000 33321	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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irving Parnes **IRVING PARNES** 2-12-96 (954) 721-8883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TREAS.

CR2E037 (12/95)