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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 745115

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/01/1978
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2182308
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing <input type="checkbox"/>
		Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POLIAKOFF, GARY A C/O BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD FORT LAUDERDLE FL 33312	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KORNFELD, ARTHUR	1.2 NAME	D VANCHOFF, NICK
STREET ADDRESS	7012 NW 107 AVE	1.3 STREET ADDRESS	10020 NW 71ST CT
CITY-ST-ZIP	TAMARAC, FL 00000 33321	1.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLLUBIER, ADRIAN	2.2 NAME	FUCHS, HENRY
STREET ADDRESS	10306 NW 71 PALCE	2.3 STREET ADDRESS	10501 NW 70TH ST
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNSTEIN, DOROTHY	3.2 NAME	FROELICH, FRITZ
STREET ADDRESS	7011 NW 104 AVENUE	3.3 STREET ADDRESS	10621 NW 71ST CT
CITY-ST-ZIP	TAMARAC FL 33321	3.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARNES, IRVING	4.2 NAME	
STREET ADDRESS	10324 NW 71ST PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 00000 33321	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, MILTON	5.2 NAME	
STREET ADDRESS	10114 NW 71 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	5.4 CITY-ST-ZIP	
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	7125 NW 100 TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 00000 33321	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____ DATE: 3/11/99 DAYTIME PHONE #: 954-721-8883
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)