

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90021 040 ****61.25

DOCUMENT # 745115

1. Entity 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 33321-2270

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2182308

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLIAKOFF, GARY A
C/O BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDLE FL 33312

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP D	<input type="checkbox"/> Delete
NAME	KORNFELD, ARTHUR	
STREET ADDRESS	7012 NW 107 AVE	
CITY-ST-ZIP	TAMARAC, FL 00000 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLLUBIER, ADRIAN	
STREET ADDRESS	10306 NW 71 PALCE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNSTEIN, DOROTHY	
STREET ADDRESS	7011 NW 104 AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARNESS, IRVING	
STREET ADDRESS	10324 NW 71ST PLACE	
CITY-ST-ZIP	TAMARAC, FL 00000 33321	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SIEGEL, MILTON	
STREET ADDRESS	10114 NW 71 ST	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEICHTUNG, DAVID	
STREET ADDRESS	7125 NW 100 TERRACE	
CITY-ST-ZIP	TAMARAC, FL 00000 33321	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCHS, HENRY	
STREET ADDRESS	10501 NW 70TH ST.	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMIEL, FRED	
STREET ADDRESS	7024 NW 103 AVE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROELICH, FRITZ	
STREET ADDRESS	10621 NW 71ST CT	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: IRVING PARNESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/10/00 (954) 721-8883

CR2E037 19/99