

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90316 037 ****61.25

DOCUMENT # 745115

1. Entity Name

ISLES OF TAMARAC HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% SUNRAE MANAGEMENT SERVICES, INC.
 7071 W. COMMERCIAL BLVD., SUITE 2B
 TAMARAC FL 33319

% SUNRAE MANAGEMENT SERVICES, INC.
 7071 W. COMMERCIAL BLVD., SUITE 2B
 TAMARAC FL 33319

00001007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2182308

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 **Karen Busch**
 Street Address (P.O. Box Number is Not Acceptable)
c/o Sunrae Management Services, Inc.
7071 W. Commercial Blvd. #2B
 City **Tamarac** FL Zip Code **33319**

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 *Karen Busch, VP*

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	VDP	<input checked="" type="checkbox"/> Delete
NAME	FUCHS, HENRY	
STREET ADDRESS	10501 NW 70TH ST	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	
NAME	GAMIEL, FRED	
STREET ADDRESS	7024 NW 103 AVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FROELICH, FRITZ	
STREET ADDRESS	10621 NW 71ST CT	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PARNESS, IRVING	
STREET ADDRESS	10324 NW 71ST PLACE	
CITY-ST-ZIP	TAMARAC, FL 00000 33321	
TITLE	PD	<input checked="" 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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Froehlich, Fritz E	
STREET ADDRESS	10621 NW 71ST CT	
CITY-ST-ZIP	Tamarac FL 33321	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gamiel, Fred	
STREET ADDRESS	7024 NW 103 RD Avenue	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leichtung, David	
STREET ADDRESS	7125 NW 100 Terrace	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernstein, Dutchie	
STREET ADDRESS	7011 NW 104th Avenue	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE		<input type="checkbox"/> Change <input checked="" 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: *Fritz E. Froehlich, President 3/6/01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)