

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90607 047 \*\*\*\*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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**BUSCH, KAREN**  
**% SUNRISE MANAGEMENT SERVICES INC**  
**7071 W COMMERCIAL BLVD # 2B**  
**TAMARAC, FL 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/LCAM*  
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 **D**  Delete  
NAME **BERSTEIN, DUTCHIE**  
STREET ADDRESS **7011 NW 104TH AVE**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **PD**  Change  Addition  
NAME **Fuchs, Hank**  
STREET ADDRESS **10501 NW 70th Street**  
CITY-ST-ZIP **Tamarac, FL 33321**

TITLE **VP**  Delete  
NAME **GAMIEL, FRED**  
STREET ADDRESS **7024 NW 103 AVE**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **TD**  Change  Addition  
NAME **Dorn, Bob**  
STREET ADDRESS **10518 NW 71st Street**  
CITY-ST-ZIP **Tamarac, FL 33321**

TITLE **PD**  Delete  
NAME **FROEHLICH, FRITZ**  
STREET ADDRESS **10821 NW 71ST CT**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **VPD**  Change  Addition  
NAME **Gamiel, Fred**  
STREET ADDRESS **7024 NW 103rd Ave.**  
CITY-ST-ZIP **Tamarac, FL 33321**

TITLE **SD**  Delete  
NAME **LEICHTUNG, DAVID**  
STREET ADDRESS **7125 NW 100 TERRACE**  
CITY-ST-ZIP **TAMARAC, FL 00000 33321**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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:

*Karen Busch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pus*

*4/29/02*  
Date

Daytime Phone #

CR2E037 (9/01)