


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 09, 2004 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01202004 No Chg-NP CR2E037 (10/03)

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
BUSCH, KAREN
 % SUNRISE MANAGEMENT SERVICES INC
 7071 W COMMERCIAL BLVD # 28
 TAMARAC, FL 33319

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000042804
 02/10/04-80040-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	GAMIEL, FRED
STREET ADDRESS	7024 NW 103 AVE
CITY - ST - ZIP	TAMARC, FL 33321
TITLE	SD
NAME	LEICHTUNG, DAVID
STREET ADDRESS	7125 NW 100 TERRACE
CITY - ST - ZIP	TAMARAC, FL 00000, 33321
TITLE	TD
NAME	SCHWARTZ, MARILYN
STREET ADDRESS	10700 NW 70TH STREET
CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	P
NAME	ZICCHINOLFI, RALPH
STREET ADDRESS	7300 NW 106TH AVE.
CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Ralph Zicchunolfi 2-5-04 (984) 733-9010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dwelling Phone #