

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90016 004 ****61.25

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DOCUMENT # 745115					
1. Entity Name ISLES OF TAMARAC HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business % SUNRAE MANAGEMENT SERVICES, INC. 7071 W. COMMERCIAL BLVD., SUITE 2B TAMARAC, FL 33319			Mailing Address % SUNRAE MANAGEMENT SERVICES, INC. 7071 W. COMMERCIAL BLVD., SUITE 2B TAMARAC, FL 33319		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2182308	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name: <u>Sunrae Property Management</u> Street Address (P.O. Box Number is Not Acceptable): <u>7071 West Commercial Blvd</u> <u>Suite 2B</u> City: <u>Tamarac</u> FL Zip Code: <u>33319</u>		
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: <u>Jeff Goldberg</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>				DATE: <u>5/1/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5,110 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAMIEL, FRED		NAME		
STREET ADDRESS	7024 NW 103 AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMARC, FL 33321		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YAVER, EUGENE		NAME		
STREET ADDRESS	7006 NW 108TH AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEER, HELEN		NAME		
STREET ADDRESS	10001 NW 71ST CT		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZICCHINOLFI, RALPH		NAME		
STREET ADDRESS	7300 NW 106TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERNSTEIN, DUTCH		NAME		
STREET ADDRESS	7011 NW 104TH AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARNETT, ADAM		NAME		
STREET ADDRESS	10511 NW 71ST ST		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Helen Neer, Secretary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>5/1/07</u> <small>Daytime Phone #</small>	