2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Feb 17, 2009 Secretary of State

DOCUMENT# 745115

Entity Name: ISLES OF TAMARAC HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10500 NW 70TH STREET TAMARAC, FL 33321

Current Mailing Address: New Mailing Address:

% FOUNDATION PROPERTY SERVICES 4750 W. COMMERCIAL BLVD TAMARAC, FL 33319

FEI Number: 59-2182308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOUNDATION PROPERTY SERVICES 4750 W. COMMERCIAL BLVD TAMARAC, FL 33319

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ZICCHINOLFI, RALPH MARCUS, JOAN Name: Name: 10500 NW 70TH STREET Address: 10401 NW 70TH COURT Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: () Change () Addition Name: HOWELL, MICHAEL Name: Address: 7000 N.W. 104TH AVE Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition ABRAVAYA, JEFFREY Name: Name: 7018 N.W. 106TH AVE Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HOFFMAN, PATRICIA Name: Address: 10407 N.W. 70TH COURT Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition CASAGRANDE, JOAN Name: Name: 10510 N.W. 71ST PLACE Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: () Change () Addition DAVIS, LYNN Name: Name: Address: 10212 N.W 71ST PLACE Address: TAMARAC, FL 33321 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY BANMILLER OM 02/17/2009