

745115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

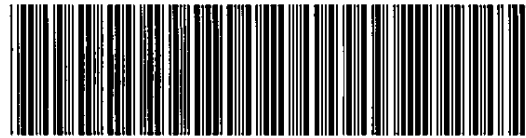
(Business Entity Name)

(Document Number)

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RA Change
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Isles of Tamarac Homeowners Association, Inc
Name of Corporation

DOCUMENT NUMBER: 745115

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua Gerstin, Esq.
Name of Contact Person

Gerstin and Associates
Firm/Company

40 S.E. 5th Street, Suite 610
Address

Boca Raton FL 33432
City/State and Zip Code

lisa@gerstin.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Kochlany at (561) 750.3456
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Isles of Tamarac Homeowner's Association, Inc.

2. The principal office address: 10500 NW 70th Street, Tamarac, FL 33321

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/1/1978 Document number: 745115

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Foundation Property Services

4750 W. Commercial Blvd

Tamarac, FL 33319

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gerstin and Associates

40 SE 5th Street Suite 610

P.O. Box NOT acceptable

Boca Raton, FL 33432

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jean Marcos Pres.
Signature of an officer or director

Jean Marcos President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Aug. 18, 2010
Date

If signing on behalf of an entity:

Gerstin and Associates
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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DIVISION OF STATE