2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726927

FILED Jul 02, 2009 Secretary of State

Entity Name: TAMARAC FAIRWAYS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: PHOENIX MGMT SERVICE PHOENIX MGMT SERVICE 4780 N STATE RD 7 STE E250 4800 N STATE RD 7 STE 105 LAUDERDALE LAKE, FL 33319 US LAUDERDALE LAKE, FL 33319 US **Current Mailing Address:** New Mailing Address: 4800 N STATE RD 7 #F105 LAUDERDALE LAKE, FL 33319 US FEI Number: 59-1671402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PHOENIX MGMT SERVICES 4800 N STATE RD 7 STE 105 LAUDERDALE LAKES, FL 33319 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROSEFF, JERRY Name: Name: 8205 NW 61 STREET B111 Address: Address: City-St-Zip: TAMARAC, FL 33321 US City-St-Zip: Title: SD () Delete Title: () Change () Addition ROSEFF, DIANA Name: Name: Address: 8205 N.W. 61 STREET B111 Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: (X) Change () Addition COPPOLA, BARBARA Name: COPPALA, BARBARA Name: Address: 8105 NW 61ST Address: 8105 N.W. 61 STREET # A202 City-St-Zip: TAMARAC, FL 33321 US City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: () Change () Addition Name: WASSERMAN, ELAINE Name: 8205 NW 61ST Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: (X) Change () Addition ALTSCHULA, GILDA ALTSCHULA, GILDA Name: Name: 8305 NW 61ST 8305 NW 61ST Address: Address: TAMARAC, FL 33321 City-St-Zip: City-St-Zip: TAMARAC, FL 33321

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: JERRY ROSEFF P 07/02/2009