

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745115

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

**Current Principal Place of Business:**

10500 NW 70TH STREET  
TAMARAC, FL 33321

**Current Mailing Address:**

10500 NW 70TH STREET  
TAMARAC, FL 33321 US

**FEI Number:** 59-2182308

**Certificate of Status Desired:** No

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

GERSTIN & ASSOCIATES  
40 S.E. 5TH STREET  
SUITE 610  
BOCA RATON, FL 33432 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:** JOSHUA GERSTIN, ESQ.

01/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER  
Name            HOOD, HEWAN  
Address        10500 NW 70TH STREET  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            DERASMO, OLGA  
Address        10500 NW 70TH STREET  
City-State-Zip: TAMARAC FL 33321

Title            VP  
Name            LANGE, CHERIE  
Address        10500 NW 70TH STREET  
City-State-Zip: TAMARAC FL 33321

Title            SECRETARY  
Name            MCDERMOTT, MICHAEL  
Address        10500 NW 70TH STREET  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            CURCIO, TONY  
Address        10500 NW 70TH STREET  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            RIVERA, JESUS  
Address        10500 NW 70TH STREET  
City-State-Zip: TAMARAC FL 33321

Title            DIRECTOR  
Name            HUMPHREYS, SELLWYN  
Address        10500 NW 70TH STREET  
City-State-Zip: TAMARAC FL 33321

*I hereby 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 all other like empowered.*

**SIGNATURE:** HOOD, HEWAN

PRESIDENT

01/12/2024

Electronic Signature of Signing Officer/Director Detail

Date