

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002384

**Entity Name:** TALLOWOOD ISLE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3318 NW 64TH CT  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

3318 NW 64TH CT  
COCONUT CREEK, FL 33073 US

**FEI Number:** 65-0597439

**Certificate of Status Desired:** Yes

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

BOUDREAU, ERNIE  
3318 NW 64TH CT  
COCONUT CREEK, FL 33073 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:** ERNIE BOUDREAU

03/25/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BOUDREAU, ERNIE  
Address        3318 NW 64TH CT  
City-State-Zip: COCONUT CREEK FL 33073

Title            TREASURER  
Name            POHL, RONALD  
Address        6600 NW 32ND AVE  
City-State-Zip: COCONUT CREEK FL 33073

Title            2ND VICE PRESIDENT  
Name            MOSCHETTI, DOLORES  
Address        6588 NW 33RD ST  
City-State-Zip: COCONUT CREEK FL 33073

Title            SECRETARY  
Name            COON, NATALIE  
Address        6523 NW 36TH AVE  
City-State-Zip: COCONUT CREEK FL 33073

Title            DIRECTOR  
Name            SZCZEPANKIEWICZ, SHARON  
Address        3238 NW 67TH ST  
City-State-Zip: COCONUT CREEK FL 33073

Title            DIRECTOR  
Name            KIERNAN, PAULA  
Address        6589 NW 33RD AVE  
City-State-Zip: COCONUT CREEK FL 33073

Title            FIRST VICE PRESIDENT  
Name            POHL, RONALD  
Address        6600 NW 32ND AVE  
City-State-Zip: COCONUT CREEK FL 33073

*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:** NATALIE COON

**SECRETARY**

03/25/2021

Electronic Signature of Signing Officer/Director Detail

Date