

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90041 033 \*\*\*\*61.25

**DOCUMENT # 742053**

1. Entity Name  
**TAMERLANE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**PERSONAL PROPERTY MANAGEMENT, INC.**  
**43 SOUTH POMPANO PARKWAY # 273**  
**POMPANO BEACH, FL 33069 US**

Mailing Address  
**PERSONAL PROPERTY MANAGEMENT, INC.**  
**43 SOUTH POMPANO PARKWAY # 273**  
**POMPANO BEACH, FL 33069 US**

**40060692**



03242008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

**c/o South Fl. Mgmt.**

Suite, Apt. #, etc.  
**4953 N.W. 95 AVE.**

City & State  
**Sunrise FL**

Zip  
**33351**

Country

3. Mailing Address

**c/o South Fl. Mgmt.**

Suite, Apt. #, etc.  
**4953 N.W. 95 Ave.**

City & State  
**Sunrise, FL**

Zip  
**33351**

Country  
**USA**

4. FEI Number  
**59-2096649**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PERSONAL PROPERTY MANAGEMENT, INC.**  
**43 SOUTH POMPANO PARKWAY**  
**273**  
**POMPANO BEACH, FL 33069**

7. Name and Address of New Registered Agent

Name  
**ROBERT C. MARTIN**

Street Address (P.O. Box Number is Not Acceptable)  
**319 SE 14 Street**

City  
**Ft. Lauderdale**

FL

Zip Code  
**33314**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**Robert C. MARTIN**

**4-4-08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**RESTREPO, SANTIAGO**  
**3418 FORREST DRIVE**  
**HOLLYWOOD, FL 33021**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**WRUBEL, ELLEN**  
**3343 FORREST DR**  
**HOLLYWOOD, FL 33021**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**BARRAL, INEZ**  
**3457 FORREST DRIVE**  
**HOLLYWOOD, FL 33021**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**ZEITLIN, ROBERT**  
**3331 ATLANTA ST.**  
**HOLLYWOOD, FL 33021**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST**  
**KOPELOV, DANIEL**  
**3403 SPRUCE RD**  
**HOLLYWOOD, FL 33021**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**Santiago Restrepo**  
**PO Box 25495**  
**Tamarac, FL 33351**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**Charles Tocco**  
**PO Box 25495**  
**Tamarac, FL 33351**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**Kathleen Mazzini**  
**PO Box 25495**  
**Tamarac, FL 33351**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**Vito Giardina**  
**PO Box 25495**  
**Tamarac, FL 33351**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**Daniel Kopelow**  
**PO Box 25495**  
**Tamarac, FL 33351**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**Ju Weim**  
**PO Box 25495**  
**Tamarac, FL 33351**

☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/08**

Date

**954-749-3773**

Daytime Phone #