

745115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

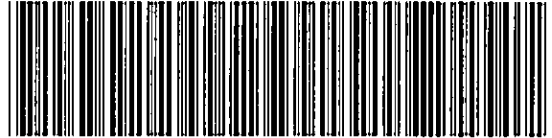
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

1014

Office Use Only



900338711479

01/08/20--01011--036 \*\*35.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32399

2020 FEB 18 PM 6:34

FILED

FEB 18 2020

S. YOUNG



FEB 12 2020

2020 FEB 18 AM 5:11

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2020

FEB 12 2020

GINETTE HELLER  
10500 NW 70TH STREET  
TAMARAC, FL 33321

SUBJECT: ISLES OF TAMARAC HOMEOWNER'S ASSOCIATION, INC.  
Ref. Number: 745115

We have received your document for ISLES OF TAMARAC HOMEOWNER'S ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 020A00002759

## 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:

Ginette Heller

Name of Contact Person

Isles of Tamarac Homeowners Association Inc

Firm/Company

10500 NW 70th Street

Address

Tamarac, FL 33321

City/State and Zip Code

hoa@islesoftamarac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ginette Heller

at ( 954 ) 722-9398  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 Homeowners 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: 12/01/1978 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)

Katzman Chandler, Attorneys at Law

1500 West Cypress Creek Road., Suite 408

Fort Lauderdale, FL 33309

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

Ginette Heller

10500 NW 70th Street, Tamarac, FL 33321

P.O. Box NOT acceptable

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2020 FEB 18 PM 6:34

FILED

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.

Wm Miller V.P.  
Signature of an officer or director

William MILLER V.P.  
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.*

Ginette Heller  
Signature of Registered Agent

2-13-2020  
Date

If signing on behalf of an entity:

Ginette Heller  
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  
CR2E045 (04/13)