

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 11, 2002 8:00 am
Secretary of State

05-23-2002 90104 035 ****61.25

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1. Entity Name

TAMARAC ISLAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7112 S.W. 47TH STREET
 MIAMI FL 33155

Mailing Address

7112 S.W. 47TH STREET
 MIAMI FL 33155
P.O. Box 266395
WESTON, FL 33326

2. Principal Place of Business

3. Mailing Address

P.O. Box 266395

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WESTON, FL

4. FEI Number

65-1147184

Applied For

Not Applicable

Zip

Country

Zip
33326

Country
U.S.A

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROUSSO, MARK E ESQ
3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*** FILE NOW: FEE IS \$61.25 ***

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PVD CROUSILLAT, CESAR A**
 STREET ADDRESS **7112 S.W. 47TH STREET**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD CROUSILLAT, KEVIN C**
 STREET ADDRESS **7112 S.W. 47TH STREET**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CROUSILLAT, CESAR C**
 STREET ADDRESS **7112 S.W. 47TH STREET**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/26/02 **305-525-2380**
 Date Daytime Phone #

CR2E037 (9/01)