

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90089 033 ****70.00

DOCUMENT # N01000005931

1. Entity Name
TAMARAC ISLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
12240 SW 53 STREET
512
COOPER CITY, FL 33330

Mailing Address
7691 TAMARAC ISLAND
TAMARAC, FL 33321



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03102005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-1147184

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**CONTINENTAL MANAGEMENT SOLUTIONS
12240 SW 53 ST
COOPER CITY, FL 33330**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 5/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

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 P	<input type="checkbox"/> Delete
NAME TOCCI, VINCENT	
STREET ADDRESS 7635 TAMARAC ISLAND CIRCLE	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME WAGNAC, TRINA	
STREET ADDRESS 7651 TAMARAC ISLAND CIRCLE	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE S	<input type="checkbox"/> Delete
NAME MIHATLOUSKI, VIRGINIA, MIHAYLOVSKI	
STREET ADDRESS 7669 TAMARAC ISLAND CIRCLE	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE VP	<input type="checkbox"/> Delete
NAME FELICIANO, JULIO	
STREET ADDRESS 7641 TAMARAC ISLAND CIRCLE	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE T	<input type="checkbox"/> Delete
NAME RAZOS, ANGELO, RAMOS	
STREET ADDRESS 7685 TAMARAC ISLAND CIRCLE	
CITY-ST-ZIP TAMARAC, FL 33321	
TITLE D	<input type="checkbox"/> Delete
NAME JAVIER MEJIA	
STREET ADDRESS 7663 TAMARAC Island Cir	
CITY-ST-ZIP TAMARAC 33321	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Vincent Tocci* PRESIDENT 4/20/05 9546465939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #