

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000005931**  
 1. Entity Name  
**TAMARAC ISLAND CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**12240 SW 53 STREET**      **7691 TAMARAC ISLAND**  
**512**      **TAMARAC FL 33321**  
**COOPER CITY FL 33330**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)  
 4. FEI Number      Applied For / Not Applicable  
**65-1147184**

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

B. 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 **4/6/06**  
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006      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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	TOCCI, VINCENT			NAME			
STREET ADDRESS	7635 TAMARAC ISLAND CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33321			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	MIHAJLOVSKI, VIRGINIA			NAME			
STREET ADDRESS	7669 TAMARAC ISLAND CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33321			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	FELICIANO, JULIO			NAME			
STREET ADDRESS	7641 TAMARAC ISLAND CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33321			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	RAMOS, ANGELO			NAME			
STREET ADDRESS	7685 TAMARAC ISLAND CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33321			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	MESID, JAVIER			NAME			
STREET ADDRESS	7635 TAMARAC ISLAND CIR			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33321			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

U00000501073  
 04/25/06-80047-006 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*      DATE **2/2/06**      9546465939