

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005931

FILED  
Mar 18, 2009  
Secretary of State

**Entity Name:** TAMARAC ISLAND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12240 SW 53 STREET  
512  
COOPER CITY, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

7691 TAMARAC ISLAND  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 65-1147184

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONTINENTAL MANAGEMENT SOLUTIONS  
12240 SW 53 ST  
COOPER CITY, FL 33330 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TOCCI, VINCENT  
Address: 7635 TAMARAC ISLAND CIRCLE  
City-St-Zip: TAMARAC, FL 33321

Title: S ( ) Delete  
Name: MIHAJLOVSKI, VIRGINIA  
Address: 7669 TAMARAC ISLAND CIRCLE  
City-St-Zip: TAMARAC, FL 33321

Title: VP ( ) Delete  
Name: FELICIANO, JULIO  
Address: 7641 TAMARAC ISLAND CIRCLE  
City-St-Zip: TAMARAC, FL 33321

Title: T ( ) Delete  
Name: RAMOS, ANGELO  
Address: 7685 TAMARAC ISLAND CIRCLE  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: MESID, JAVIER  
Address: 7635 TAMARAC ISLAND CIR  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT TOCCI

P

03/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date