

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90738 040 ****61.25

0034906

DOCUMENT # NO1000005931

1. Entity Name
TAMARAC ISLAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **7112 S.W. 47TH STREET MIAMI FL 33155**
Mailing Address: **P O BOX 266395 WESTON FL 33326**

2. Principal Place of Business: **11530 STATE ROAD 84**
Suite, Apt. #, etc.

3. Mailing Address: **PO BOX 551390**
Suite, Apt. #, etc.

City & State: **DAVIE FL** City & State: **FT. LAUDERDALE FL.**

Zip: **33325** Country: **USA** Zip: **33355** Country: **USA**

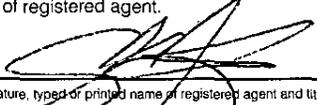
4. FEI Number: **65-1147184** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent:
**ROUSSO, MARK E ESQ
3440 HOLLYWOOD BLVD., STE 360
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent:
Name: **WEST BROWARD COMMUNITY MANAGEMENT**
Street Address (P.O. Box Number is Not Acceptable): **11530 STATE ROAD 84**
City: **DAVIE** FL Zip Code: **33325**

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:  **SALVATORE F. FIORE** DATE: **3-24-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)



CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PVD CROUSILLAT, CESAR A 7112 S.W. 47TH STREET MIAMI FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LOPEZ ANDRES 7627 TAMARAC ISLAND CIRCLE TAMARAC FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CROUSILLAT, KEVIN C 7112 S.W. 47TH STREET MIAMI FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREAS WEISS AMBER 7613 TAMARAC ISLAND CIRCLE TAMARAC FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUSILLAT, CESAR C 7112 S.W. 47TH STREET MIAMI FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TOCCI VINCENT 7635 TAMARAC ISLAND CIRCLE TAMARAC FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WAGNAC TRINA 7651 TAMARAC ISLAND CIRCLE TAMARAC FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

CR2E037 (10/02)