

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90215 005 \*\*\*\*61.25

03/09/11

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713888**  
 1. Corporation Name  
**TARA ASSOCIATION, INC.**

Principal Place of Business 2121 NORTHEAST 68 STREET FORT LAUDERDALE FL 33308	Mailing Address 2121 NORTHEAST 68 STREET FORT LAUDERDALE FL 33308
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 12/29/1967	4. FEI Number 59-1237569	Applied For Not Applicable
Country 25	Country 30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JOYNER, PAMELA 2121 N.E. 69TH ST APT. 101 FORT LAUDERDALE FL 33308				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIST, SIMONE	1.2 NAME	
STREET ADDRESS	2121 NE 68TH ST., APT. #106	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYNER, PAMELA	2.2 NAME	
STREET ADDRESS	2121 NE 68TH ST., APT. #101	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASKU, WAYNE	3.2 NAME	
STREET ADDRESS	2121 NE 68TH ST., APT. 205	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWOBODA, ANNE	4.2 NAME	
STREET ADDRESS	2121 NE 68TH ST., APT. #211	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALDIAS, GUSTAVO	5.2 NAME	
STREET ADDRESS	2121 N.E. 68TH ST., APT. 214	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	Haddix, Mindy
CITY-ST-ZIP		6.4 CITY-ST-ZIP	2121 NE 68th St., Apt. 201 Ft. Lauderdale, FL 33308

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine Harris DATE: March 7th 1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)