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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756882 (7)

1. Corporation Name
TARA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
12079 SW 131ST AVE. 12079 SW 131ST AVE.
MIAMI FL 33186 MIAMI FL 33186-6475

3. Date Incorporated or Qualified 03/20/1981
3a. Date of Last Report 03/20/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number 59-2243556
Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGEL, DAVID
% BECKER, POLIAKOFF & STREITFELD
6161 BLUE LAGOON DR., SUITE 250
MIAMI FL 33132

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME GOLDBERG, HARRIS
STREET ADDRESS 7814 SW 88 TERR
CITY-ST-ZIP MIAMI FL
TITLE TD DELETE
NAME SILVER, LAWRENCE
STREET ADDRESS 8890 SW 78TH PLACE
CITY-ST-ZIP MIAMI FL
TITLE PD DELETE
NAME HOLLANDER, MORRIS
STREET ADDRESS 8891 S.W. 78TH PLACE
CITY-ST-ZIP MIAMI FL
TITLE SD DELETE
NAME FORESTER, RICHARD
STREET ADDRESS 7861 SW 89TH LANE
CITY-ST-ZIP MIAMI FL
TITLE D DELETE
NAME HERMAN, SUSAN
STREET ADDRESS 7830 SW 89 LANE
CITY-ST-ZIP MIAMI FL
TITLE D DELETE
NAME BAKER, JEANNE
STREET ADDRESS 7810 SE 89TH LANE
CITY-ST-ZIP MIAMI FL

1.1 TITLE VD Change Addition
1.2 NAME Goldberg, Harris
1.3 STREET ADDRESS 7814 SW 88 Terr.
1.4 CITY-ST-ZIP Miami, Fl.
2.1 TITLE PD Change Addition
2.2 NAME Silver, Lawrence
2.3 STREET ADDRESS 8890 SW 78 Pl.
2.4 CITY-ST-ZIP Miami, Fl.
3.1 TITLE D Change Addition
3.2 NAME Sirkin, Ed
3.3 STREET ADDRESS 8881 SW 78 Place
3.4 CITY-ST-ZIP Miami, Fl.
4.1 TITLE T Change Addition
4.2 NAME Forester, Richard
4.3 STREET ADDRESS 7861 SW 89 Lane
4.4 CITY-ST-ZIP Miami, Fl.
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: [Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97
Date

Daytime Phone # 0028043

CR2E037 (9/96)