


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90029 041 ****61.25

DOCUMENT # 756882
 1. Entity Name
 TARA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 C/O THE CONTINENTAL GROUP, INC.
 11981 SW 144 CT
 MIAMI, FL 33186

Mailing Address
 C/O THE CONTINENTAL GROUP, INC.
 11981 SW 144 CT
 MIAMI, FL 33186

50007010



2. Principal Place of Business
C/O The Foster Co.

3. Mailing Address
C/O The Foster Co.

Suite, Apt. #, etc.
12096 SW 82 Ave

Suite, Apt. #, etc.
12096 SW 82 Ave

City & State
Miami FL 33156

City & State
Miami FL

Zip
33156

Country
USA

Country
USA

01122005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2243556

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Filing Fee is **\$61.25** Due by **May 1, 2005**

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 D	<input type="checkbox"/> Delete	TITLE <i>President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GORDAN, NANCY		NAME <i>RAYMOND DOMIT</i>	
STREET ADDRESS 8890 SW 78 PL	✓	STREET ADDRESS <i>8900 SW 78 CT</i>	
CITY-ST-ZIP MIAMI, FL 33156		CITY-ST-ZIP <i>MIAMI, FL 33156</i>	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALLACE, BARBARA		NAME	
STREET ADDRESS 7815 SW 88TH TERR	✓	STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL		CITY-ST-ZIP	
TITLE SPARBER, BYRON	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPARBER, BYRON		NAME	
STREET ADDRESS 7821 S.W. 88 TERRACE	✓	STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33156		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GLASER, LUIS DR.		NAME	
STREET ADDRESS 8887 SW 78 CT	✓	STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33156		CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORSTER, RICHARD		NAME	
STREET ADDRESS 7861 SW 89 LANE		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33156		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAKER, JEANNE		NAME	
STREET ADDRESS 7810 SE 89TH LANE	✓	STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33156		CITY-ST-ZIP	

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: *Raymond Domit* Date: *1/20/05* 305 4982348
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #