

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 2: 26

DOCUMENT # **NO4338** (2)

1. Corporation Name
TARA LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
43 TARA LAKES DRIVE EAST BOYNTON BCH. FL 33436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/24/1984	3a. Date of Last Report 07/14/1994
4. FEI Number 59-2521124	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**BIGECK, DIANE D
119 TARA LAKES DR., W.
BOYNTON BCH FL 33436**

10. Name and Address of New Registered Agent
81 Name **Robert J. Lessle**
82 Street Address (P.O. Box Number is Not Acceptable)
106 AZALEA CIRCLE
83
84 City **BOYNTON Bch** FL 85 Zip Code **33436**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/15/95**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIGECK, DIANE D 119 TARA LAKES DR., W. BOYNTON BCH. FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOYLE, KIM 6 WHITEHALL WAY BOYNTON BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEST, LOIS 109 AZALEA CIR. BOYNTON BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATE, SCOTT 87 MAGNOLIA C IR. BOYNTON BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SINCOFF, IRENE 127 BUTTWOOD CIR. BOYNTON BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WEST, CHARLIE 109 AZALEA CIR. BOYNTON BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Pres. ROBERT J LESSLE 106 AZALEA CIRCLE BOYNTON Bch FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V.P. TRS. BRUCE ORMS 131 TARA LAKES DRIVE WEST BOYNTON Bch FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SECY ARLEN COGONI 110 AZALEA CIR BOYNTON BEACH, FL. 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TRP TERRY GOLEMBIEWSKI 39 TARA LAKE DR. 12 BOYNTON Bch FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DVP DENN SCHWEDT 117 TARA LAKES DR. N. BOYNTON Bch, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DVP EMIL F. MOSCARIELLO 37 TARA LKS DR Bch BOYNTON Bch, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *[Signature]* DATE **3/5/95** 732-5475