

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N04338** (2)

1. Corporation Name
TARA LAKES HOMEOWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **07/24/1984**
3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2521124**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**LEISSLE, ROBERT J
106 AZALEA CIRCLE
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent
81 Name: **DIANE BIGECK**
82 Street Address (P.O. Box Number is Not Acceptable): **119 TARA LAKES DR. W.**
83
84 City: **BOYNTON BCH** FL 85 Zip Code: **33436**

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: *Diane D. Bigeck*
Signature, typed or printed name of registered agent and title if applicable

3000001229354
03/22/96 10:17 DATE TIME

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LEISSLE, ROBERT J	
STREET ADDRESS	106 AZALEA CIRCLE	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	ORNS, BRUCE	
STREET ADDRESS	131 TARA LAKES DRIVE WEST	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	COGONI, ARLEEN	
STREET ADDRESS	110 AZALEA CIR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TVP	<input checked="" type="checkbox"/> DELETE
NAME	GOLEMBIEWSKI, TERRY	
STREET ADDRESS	38 TARA LAKE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARDT, DEAN	
STREET ADDRESS	117 TARA LAKES DR. W.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MOSCARIELLO, EMIL F	
STREET ADDRESS	37 TARA LKS DR EAST	
CITY-ST-ZIP	BOYNTON BEACH FL	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DIANE BIGECK	
1.3 STREET ADDRESS	119 TARA LAKES DR. W.	
1.4 CITY-ST-ZIP	BOYNTON BCH, FL 33436	
2.1 TITLE	VICE-PRESIDENT VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TIM MARSHALL	
2.3 STREET ADDRESS	97 AZALEA CIRCLE	
2.4 CITY-ST-ZIP	BOYNTON BCH, FL 33436	
3.1 TITLE	TREASURER T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SCOTT PATE	
3.3 STREET ADDRESS	87 MAGNOLIA CIR	
3.4 CITY-ST-ZIP	BOYNTON BCH, FL 33436	
4.1 TITLE	SECRETARY S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TERESA ANTHONI	
4.3 STREET ADDRESS	138 TARA LAKES DR. W.	
4.4 CITY-ST-ZIP	BOYNTON BCH, FL 33436	
5.1 TITLE	DIRECTOR D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ARLEEN COGONI	
5.3 STREET ADDRESS	110 AZALEA CIRCLE	
5.4 CITY-ST-ZIP	BOYNTON BCH, FL 33436	
6.1 TITLE	DIRECTOR D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PERCY JACKSON	
6.3 STREET ADDRESS	50 TARA LAKES DR E	
6.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436	

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 119.07(3)(k), 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: *Diane D. Bigeck* 1-29-96 954-480-4232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)