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FILED  
May 12 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 # N04338 (2)  
1. Corporation Name  
TARA LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
43 TARA LAKES DRIVE EAST BOYNTON BCH. FL 33436 43 TARA LAKES DRIVE EAST BOYNTON BCH. FL 33436-6757

3. Date Incorporated or Qualified 07/24/1984 3a. Date of Last Report 03/21/1996  
4. FEI Number 59-2521124 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIGECK, DIANE  
119 TARA LAKES DR W  
BOYNTON BEACH FL 33436

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 NAME STREET ADDRESS CITY - ST - ZIP	<del>TD</del> BIGECK, DIANE 119 TARA LAKES DR W BOYNTON BCH. FL 33436 TREASURER <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	TIM MARSHALL 97 AZALEA CIR BOYNTON BEACH FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>TD</del> MARSHALL, TIM 97 AZALEA CIR BOYNTON BEACH FL 33436 PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<del>TREASURER</del> ERIC FELGUSON 139 TARA LAKES DR W. BOYNTON BEACH FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PATE, SCOTT 87 MAGNOLIA CIR BOYNTON BEACH FL 33436 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TREASURER DIANE BIGECK 119 TARA LAKES DR W. BOYNTON BEACH FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ANTHONY, TERESA 138 TARA LAKES DR W BOYNTON BEACH FL 33436 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	COGONI, ARLEEN 110 AZALEA CIRCLE BOYNTON BEACH FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>TD</del> COGONI T, ARLEEN 110 AZALEA CIR BOYNTON BEACH FL 33436 ARCHITECTURAL SECRETARY <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	ELISSA ARFFAT 65 WILLOW CIRCLE BOYNTON BEACH FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP JACKSON, PERCY 50 TARA LKS DR EAST BOYNTON BEACH FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	MARK TABOR 7 WHITCHAW WAY BOYNTON BEACH FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Diane D. Boudrie* 3-5-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019423

CR2E037 (9/96)