

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 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
4. FEI Number: 59-2521124
Applied For: Not Applicable

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

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BIGECK, DIANE
119 TARA LAKES DR W
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BIGECK, DIANE	1.2 NAME	
STREET ADDRESS	119 TARA LAKES DR W	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE MARSHALL, TIM	2.2 NAME	DEUCCOLNS
STREET ADDRESS	97 AZALEA CIR	2.3 STREET ADDRESS	131 TARA LAKES DR W
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	BOYNTON BEACH FL 33436
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME	DEP BOARD MEMBER FERGUSON, ERIC	3.2 NAME	
STREET ADDRESS	133 TALA LAKES DR W	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE ANTHONY, TERESA	4.2 NAME	SHALON AEDOWITZ-GOMEZ
STREET ADDRESS	138 TARA LAKES DR W	4.3 STREET ADDRESS	11 TARA LAKES DR. E.
CITY-ST-ZIP	BOYNTON BEACH FL 33436	4.4 CITY-ST-ZIP	BOYNTON BCH FL 33436
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE COGONI T. ARLEEN	5.2 NAME	DOUGLAS STEYER
STREET ADDRESS	110 AZALEA CIR	5.3 STREET ADDRESS	57 PEACHTREE PK.
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	BOYNTON BEACH FL 33436
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	BOARD MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEP BOARD MEMBER JACKSON, PERCY	6.2 NAME	HERBERT COLEMAN
STREET ADDRESS	50 TARA LKS DR EAST	6.3 STREET ADDRESS	105 AZALEA CIRCLE
CITY-ST-ZIP	BOYNTON BEACH FL	6.4 CITY-ST-ZIP	BOYNTON BEACH FL 33436

14. 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 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: _____ DATE: 3-18-98

CP2E037 (10/97)