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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04338

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/24/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2521124
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

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 BRUCE ORNS 82 Street Address (P.O. Box Number is Not Acceptable) 131 TARA LAKES DRIVE WEST 83 84 City BOYNTON BEACH 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 **BRUCE ORNS** *Bruce Orns* DATE **1-20-99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT/TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIGECK, DIANE		1.2 NAME BRUCE ORNS	
STREET ADDRESS 119 TARA LAKES DR W		1.3 STREET ADDRESS 131 TARA LAKES DRIVE WEST	
CITY-ST-ZIP BOYNTON BCH. FL		1.4 CITY-ST-ZIP BOYNTON BEACH FL 33436	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SECY.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEUCCOLNS		2.2 NAME SHARON LEIBOVITZ	
STREET ADDRESS 131 TARALKS DR W		2.3 STREET ADDRESS 11 TARA LAKES DR. E.	
CITY-ST-ZIP BOYNTON BEACH FL 33436		2.4 CITY-ST-ZIP BOYNTON BCH FL 33436	
TITLE BM	<input type="checkbox"/> DELETE	3.1 TITLE B.M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERGUSON, ERIC		3.2 NAME MICHAEL GARCIA	
STREET ADDRESS 133 TALA LAKES DR W		3.3 STREET ADDRESS 77 ROSEWOOD CIRCLE	
CITY-ST-ZIP BOYNTON BEACH FL		3.4 CITY-ST-ZIP BOYNTON BCH FL 33436	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE BM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHARON NEBOWITZ-GOMEZ		4.2 NAME ALEY KLARISTEN FELD	
STREET ADDRESS 11 TARA LKS DR E		4.3 STREET ADDRESS 61 TARA LAKES DR. W	
CITY-ST-ZIP BOYNTON BEACH FL 33436		4.4 CITY-ST-ZIP BOYNTON BCH FL 33436	
TITLE VPD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOUGLAS STRYJEK		5.2 NAME	
STREET ADDRESS 57 PEACHTREE PL		5.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33436		5.4 CITY-ST-ZIP	
TITLE BM	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERBERT COLEMAN		6.2 NAME	
STREET ADDRESS 105 AZALEA CIR		6.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33436		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **BRUCE ORNS** *Bruce Orns* DATE **1-20-99** DAYTIME PHONE # **5617323475**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)