## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

## FILED DOCUMENT # NO4338 May 23, 2000 8:00 am 1. Entity Name Secretary of State TARA LAKES HOMEOWNERS ASSOCIATION, INC. 05-23-2000 90273 041 \*\*\*\*61.25 Principal Place of Business Mailing Address 43 TARA LAKES DRIVE EAST 43 TARA LAKES DRIVE EAST BOYNTON BCH. FL 33436 BOYNTON BCH. FL 33436-6757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2521124 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ORNS, BRUCE 🍱 itara lakes DR W BOYNTON BEACH FL 33436 Zip Code 8. The above named entity submits/this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. OKNS Addition TITLE BRUCE **☑** Change TITLE PT ☐ Delete NAME NAME 131 TARA LAKES DR. WEST ORNES, BRUCE STREET ADDRESS STREET ADDRESS 131 TARA LAKES DR. WEST. BOYNOR BCLIPL 33436 CITY-ST-ZIP CITY-ST-ZIP BOYNTON BCH. FL 33436 LE BOVITZ SHARON II TAM LAKES DRIVE FAST Change ☐ Addition TITLIS ECLY TITLE SD □ Delete NAME NAME LEIBOUITZ, SHARON STREET ADDRESS STREET ADDRESS 11 TARA LAKES DR. E. BOY ATON BCh. PL 33436 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** Addition ☐ Change BM TITLE TR Delete NAME GARCIA, MICHAEL NAME 76 TARA LAKES OR. WEST STREET ADDRESS STREET ADDRESS 72 ROSEWOOD CIRCLE BOYNTON Bely FL 33436 CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33436 TITLE UP Addition TITLE 📝 Delete FERGUSON ERIC. L NAME KLARISTENFELD, ALEX 133 TARA LAKES DA. STREET ADDRESS STREET ADDRESS 81 TARA LAKES DR. W. CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436 VPD** ☐ Delete TITLEBH Addition NAME NAME DOUGLAS STRYJEK STREET ADDRESS STREET ADDRESS 57 PEACHTREE PL CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** Addition | Defete TITLE TITLE ICALO NICLAOLAS NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 received or the received or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**CR2E037**