

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90008 019 \*\*\*\*61.25

**DOCUMENT # N04338**

1. Entity Name  
**TARA LAKES HOMEOWNERS ASSOCIATION, INC.**

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

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2521124** | Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ST JOHN DICKER KRIVOK & CORE, P.A.**  
**500 AUSTRALIAN AVE., SOUTH, STE 600**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL 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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>ORNES, BRUCE</b> <b>131 TARA LAKES DR. WEST.</b> <b>BOYNTON BCH. FL 33438</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRAS D</b> <b>Thomas Jones</b> <b>76 TARA LAKES DR W</b> <b>Boynton Beach FL 33436</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LEIBOUITZ, SHARON</b> <b>11 TARA LAKES DR E</b> <b>BOYNTON BEACH FL 33436</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec. D</b> <b>Diana Bigeek</b> <b>119 TARA LAKES DR W</b> <b>Boynton Beach FL 33436</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BM</b> <b>GARCIA, MICHAEL</b> <b>72 ROSEWOOD CIRCLE</b> <b>BOYNTON BEACH FL 33436</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bm D</b> <b>Eric Ferguson</b> <b>133 TARA LAKES DR W</b> <b>Boynton Beach FL 33436</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BMD</b> <b>KLARISTENFELD, ALEX</b> <b>81 TARA LAKES DR. W.</b> <b>BOYNTON BEACH FL 33436</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bm</b> <b>Jasin Torres</b> <b>142 TARA LAKES DR W</b> <b>Boynton Beach FL 33436</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>DOUGLAS STRYJEK</b> <b>57 PEACHTREE PL</b> <b>BOYNTON BEACH FL 33436</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bm</b> <b>Nicholas Cicale</b> <b>10 TARA LAKES DR E</b> <b>Boynton Beach FL 33436</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037 (9/01)

12. 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 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 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 10 or Block 11 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** **7/24/01** **561-375-2131**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #