


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90020 009 ****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



MOORE CR2E037 (11/03)

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

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME PTD ORNES, BRUCE	<input type="checkbox"/> Delete
STREET ADDRESS 131 TARA LAKES DR. WEST.	
CITY-ST-ZIP BOYNTON BCH. FL 33436	
TITLE NAME TD JONES, THOMAS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 76 TARA LAKES DR W	
CITY-ST-ZIP BOYNTON BEACH FL 33436	
TITLE NAME BMD CICALI, NICHOLAS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 10 TARA LAKES DR E.	
CITY-ST-ZIP BOYNTON BEACH FL 33436	
TITLE NAME BM BIQECK, DIANE	<input type="checkbox"/> Delete
STREET ADDRESS 119 TARA LAKES DR W	
CITY-ST-ZIP BOYNTON BEACH FL 33436	
TITLE NAME BM FERGUSON, ERIC	<input type="checkbox"/> Delete
STREET ADDRESS 133 TARA LAKES DR W	
CITY-ST-ZIP BOYNTON BEACH FL 33436	
TITLE NAME BM TORRES, JASIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 142 TARA LAKES DR W	
CITY-ST-ZIP BOYNTON BEACH FL 33436	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME Torres Carlos	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 142 Tara Lakes Dr W	
CITY-ST-ZIP Boynton Beach FL 33436	
TITLE NAME David Hoover	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 41 Tara Lakes Dr E	
CITY-ST-ZIP Boynton Beach FL 33436	
TITLE NAME Sharon Haggson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 35 Peachtree Place	
CITY-ST-ZIP Boynton Beach FL	
TITLE NAME UP Steve Dunbar	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 42 Tara Lakes Dr E	
CITY-ST-ZIP Boynton Beach FL 33436	
TITLE NAME Sec Kerry Leach	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 103 Buttonwood Circle	
CITY-ST-ZIP Boynton Beach FL 33436	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **3/12/04** **561-379-2131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #