

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04338

FILED
Apr 15, 2009
Secretary of State

Entity Name: TARA LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

43 TARA LAKES DRIVE EAST
BOYNTON BCH., FL 33436

New Principal Place of Business:

Current Mailing Address:

43 TARA LAKES DRIVE EAST
BOYNTON BCH., FL 33436

New Mailing Address:

FEI Number: 59-2521124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKER, KRIVOK & STOLOFF, PA
1818 AUSTRALIAN AVENUE SOUTH
400
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BIGECK, DIANE
Address: 119 TARA LAKES DR. WEST.
City-St-Zip: BOYNTON BCH., FL 33436

Title: SEC () Delete
Name: LEACH, KERRY
Address: 123 BUTTONWOOD CIR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP () Delete
Name: ORNS, BRUCE
Address: 131 TARA LAKES DR W
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SEC () Delete
Name: HAUGHT, JERRY
Address: 52 TARA LAKES DR E
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TRES () Delete
Name: FALLETTI, CAROL
Address: 52 TARA LAKES DR E
City-St-Zip: BOYNTON BEACH, FL 33436

Title: BM () Delete
Name: FERGUSON, ERIC
Address: 133 TARA LAKES DR W
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE BIGECK

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date