

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 APR 17 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION "ANNUAL REPORT 1995	FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42151 (3)

1. Corporation Name

TARA CAY III HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1700 MCMULLEN BOOTH ROAD
SUITE C3
CLEARWATER FL 34619

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SUITE C3
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/20/1991	3a. Date of Last Report 04/28/1994
4. FEI Number 65-0260495	Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HICKS, JOYCE M.
1700 MCMULLEN BOOTH RD.
SUITE C3
CLEARWATER FL 34619

81 Name Steven H. Mezer, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)
1212 Court Street, Ste. B
83
84 City Clearwater FL 85 Zip Code 34616

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	INSALACO ROBERT L
STREET ADDRESS	9858 TARA CAY CT
CITY - ST - ZIP	SEMINOLE FL
TITLE	SD
NAME	OTEIZA MARY E
STREET ADDRESS	9859 TARA CAY CT
CITY - ST - ZIP	SEMINOLE FL
TITLE	VTD
NAME	BAILEY DEBORAH M
STREET ADDRESS	9470 TARA CAY CT
CITY - ST - ZIP	SEMINOLE FL
TITLE	DV
NAME	CINNAMON, RON
STREET ADDRESS	9484 TARA CAY CT.
CITY - ST - ZIP	LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	Ronald L. Cinnamon	
13 STREET ADDRESS	9484 Tara Cay Ct.	
14 CITY - ST - ZIP	Seminole, FL. 34646	
21 TITLE	SD	☒ Change ☐ Addition
22 NAME	Robert Smith	
23 STREET ADDRESS	9512 Tara Cay Ct.	
24 CITY - ST - ZIP	Seminole, FL 34646	
31 TITLE	VTD	☒ Change ☐ Addition
32 NAME	Maureen Vines	
33 STREET ADDRESS	9655 Tara Cay Ct	
34 CITY - ST - ZIP	Seminole, FL 34646	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE:

Ronald L. Cinnamon Ronald L. Cinnamon 9-27-95 593-2741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number 8