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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42151** (3)

1. Corporation Name

TARA CAY III HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
UNIVERSITY PROPERTIES 824 E. FLETCHER AVE. TAMPA FL 34612	UNIVERSITY PROPERTIES 824 E. FLETCHER AVE. TAMPA FL 33612-2613

3. Date Incorporated or Qualified: 02/20/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 65-0260495 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

~~CIANFRONE, JOSEPH R,~~
~~RAYFURA, RAY~~
1968 BAYSHORE BLVD
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name: JOSEPH R. CIANFRONE PA
82 Street Address (P.O. Box Number is Not Acceptable): 1968 BAYSHORE BLVD
83 ~~DUNEDIN~~
84 City: DUNEDIN FL 85 Zip Code: 34698

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] 4/15/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, RAY 9504 TARA CAY CT. SEMINOLE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SD SPINA, GARY 9608 TARA CAY CT, SEMINOLE, FL 33776	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ASPIRALL, ~~STEVE~~ CHAVE S. 9609 TARA CAY CT SEMINOLE FL ~~34649~~ 33776	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VTD ASPINALL, CHAVE S 9609 TARA CAY CT SEMINOLE, FC 33776	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD VINES, MAUREEN 9655 TARA CAY CT SEMINOLE FL 33776	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CINNAMON, RON 9484 TARA CAY CT. LARGO FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 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: [signature] Maureen B. Vines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97 (813)977-2604
Date Daytime Phone # 0048010