

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 UNIVERSITY PROPERTIES 824 E. FLETCHER AVE. TAMPA FL 34612	Mailing Address UNIVERSITY PROPERTIES 824 E. FLETCHER AVE. TAMPA FL 34612
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3. Date Incorporated or Qualified

02/20/1991

4. FEI Number

65-0260495

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **7001 Temple Terrace Hwy**

26 **7001 Temple Terrace Hwy**

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

City & State

City & State

23 **Temple Terrace, Fla.**

28 **Temple Terrace Fla.**

Zip

Country

Zip

Country

24 **33637**

25 **USA**

29 **33637**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CIANFRONE, JOSEPH R
1968 BAYSHORE BLVD
DUNEDIN FL 34898**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	SD	☒ DELETE
NAME	SPINA, GARY	
STREET ADDRESS	9806 TARA CAY CT.	
CITY-ST-ZIP	SEMINOLE FL	

TITLE	VTD	☒ DELETE
NAME	ASPIRALL, CHAVE S	
STREET ADDRESS	9809 TARA CAY CT	
CITY-ST-ZIP	SEMINOLE FL	

TITLE	VTD	☐ DELETE
NAME	VINES, MAUREEN	
STREET ADDRESS	9855 TARA CAY CT	
CITY-ST-ZIP	SEMINOLE FL	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	WHITE, MARK	
1.3 STREET ADDRESS	9483 TARA CAY CT	
1.4 CITY-ST-ZIP	SEMINOLE, FL	

2.1 TITLE	VPD	☐ Change ☒ Addition
2.2 NAME	CINNAMON, RONALD	
2.3 STREET ADDRESS	9484 TARA CAY CT	
2.4 CITY-ST-ZIP	SEMINOLE, FL	

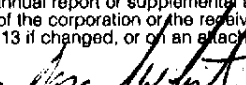
3.1 TITLE	STD	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: 

2 9 98 591-4903

CR2E037 (10/97)