**FILE NOW: FILING FEE IS $61.25**

**FILED**
**Apr 23, 1999 8:00 am**
**Secretary of State**
04-23-1999 90017 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000000232**

1. Corporation Name

THE FRENCH QUARTERS AT TARA HOMEOWNERS ASSOCIATI ON, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7019 CHICKASAW BAYOU<br>BRADENTON FL 34203<br>US | 7019 CHICKASAW BAYOU<br>BRADENTON FL 34203<br>US |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed |
|---|---|---|
| 21 7016 CHICKASAW BAYOU | 26 7016 CHICKASAW BAYOU | 01/20/1993 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>65-0584238 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 BRADENTON, FLORIDA | City & State<br>28 BRADENTON, FLORIDA | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 34203 25 USA | Zip / Country<br>29 34203 30 USA | 6. Election Campaign Financing ☐ *Trust Fund Contribution* **$5.00** May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CHARLES O'CONNOR<br>7019 CHICKASAW BAYOU<br>BRADENTON FL 34203 | 81 Name: MARILYN RHEINGOLD<br>82 Street Address (P.O. Box Number is Not Acceptable): 7016 CHICKASAW BAYOU<br>83<br>84 City: BRADENTON , FL 85 Zip Code: 34203 |

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: Marilyn Rheingold — 4-19-99
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 | D | ☑ DELETE | 1.1 TITLE | PD | ☐ Change ☑ Addition |
| NAME | ROBERT OVERMYER | | 1.2 NAME | JOHN KAVIS | |
| STREET ADDRESS | 6917 CHICKASAW BAYOU | | 1.3 STREET ADDRESS | 6922 CHICKASAW BAYOU | |
| CITY-ST-ZIP | BRADENTON FL | | 1.4 CITY-ST-ZIP | BRADENTON FL 34203 | |
| TITLE | VD | ☑ DELETE | 2.1 TITLE | VD | ☐ Change ☑ Addition |
| NAME | HELBER, RAPLH | | 2.2 NAME | LUKE LEONARD | |
| STREET ADDRESS | 7007 CHICKASAW BAYOU | | 2.3 STREET ADDRESS | 7024 CHICKASAW BAYOU | |
| CITY-ST-ZIP | BRADENTON FL | | 2.4 CITY-ST-ZIP | BRADENTON FL 34203 | |
| TITLE | PD | ☑ DELETE | 3.1 TITLE | TD | ☐ Change ☑ Addition |
| NAME | O'CONNOR, CHARLES | | 3.2 NAME | MARILYN RHEINGOLD | |
| STREET ADDRESS | 7019 CHICKASAW BAYOU | | 3.3 STREET ADDRESS | 7016 CHICKASAW BAYOU | |
| CITY-ST-ZIP | BRADENTON FL | | 3.4 CITY-ST-ZIP | BRADENTON FL 34203 | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCALEAR, ALLAN | | 4.2 NAME | | |
| STREET ADDRESS | 7012 CHICKASAW BAYOU | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON FL 34203 | | 4.4 CITY-ST-ZIP | | |
| TITLE | STD | ☑ DELETE | 5.1 TITLE | SD | ☐ Change ☑ Addition |
| NAME | SCHEEL, JANE | | 5.2 NAME | SALLY SHUFORD | |
| STREET ADDRESS | 6921 CHICKASAW BAYOU | | 5.3 STREET ADDRESS | 7008 CHICKASAW BAYOU | |
| CITY-ST-ZIP | BRADENTON FL | | 5.4 CITY-ST-ZIP | BRADENTON, FL 34203 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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, with all other like empowered.

**SIGNATURE:** Marilyn Rheingold — 4-19-99 — 941 755 8817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)