2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# N93000000232

Entity Name: THE FRENCH QUARTERS AT TARA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6905 CHICKASAW BAYOU
BRADENTON, FL 34203 US

New Principal Place of Business:

Current Mailing Address:

6905 CHICKASAW BAYOU
BRADENTON, FL 34203 US

New Mailing Address:

FEI Number: 65-0584238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOUGHTON, MARY F
6905 CHICKASAW BAYOU
BRADENTON, FL 34203 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: PD ( ) Delete
Name: GILBERT, DATZ
Address: 7008 CHICKASAW BAYOU
City-St-Zip: BRADENTON, FL 34203

Title: VD ( ) Delete
Name: SHUFORD, JAMES E
Address: 7008 CHICKASAW BAYOU
City-St-Zip: BRADENTON, FL 34203

Title: TD ( ) Delete
Name: BOUGHTON, MARY F
Address: 6905 CHICKASAW BAYOU
City-St-Zip: BRADENTON, FL 34203

Title: D ( ) Delete
Name: MCALEAR, ALLAN
Address: 7012 CHICKASAW BAYOU
City-St-Zip: BRADENTON, FL 34203

Title: SD ( ) Delete
Name: CARROLL, MARION
Address: 6901 CHICKASAW BAYOU
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHUFORD, JAMES E
Address: 7008 CHICKASAW BAYOU
City-St-Zip: BRADENTON, FL 34203

Title: VD (X) Change ( ) Addition
Name: COFFMAN, SANDRA
Address: 6921 CHICKASAW BAYOU
City-St-Zip: BRADENTON, FL 34203

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

Title: ( ) Change ( ) Addition
Name:
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: JAMES E. SHUFORD PD 01/11/2009

Electronic Signature of Signing Officer or Director — Date