

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756882

Entity Name: TARA HOMEOWNERS' ASSOCIATION, INC.

**FILED
Mar 08, 2016
Secretary of State
CC8581417946**

Current Principal Place of Business:

C/O FIRST SERVICE RESIDENTIAL, INC.
5805 BLUE LAGOON DRIVE, SUITE # 310
MIAMI, FL 33126

Current Mailing Address:

C/O FIRST SERVICE RESIDENTIAL, INC.
5805 BLUE LAGOON DRIVE, SUITE # 310
MIAMI, FL 33126 US

FEI Number: 59-2243556

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAIGE, ROBERT E
9500 SOUTH DADELAND BLVD., STE 500
MIAMI, FL 33156 US

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

Officer/Director Detail :

Title PRESIDENT
Name WITTELS, HOWARD .
Address 7811 SW 88 TERRACE
City-State-Zip: MIAMI FL 33156

Title VP/D
Name WALLACE, BARBARA J
Address 7815 SW 88TH TERRACE
City-State-Zip: MIAMI FL 33156

Title D
Name STERN, ALIZA
Address 8905 SW 78 CT/
City-State-Zip: MIAMI FL 33156

Title S/D
Name HUBBART, ELIZABETH O
Address 8870 SW 78 PLACE
City-State-Zip: MIAMI FL 33156

Title T/D
Name MILLER, CELESTE
Address 7808 SW 88 TERRACE
City-State-Zip: MIAMI FL 33156

Title D
Name CRAYNE, DONALD
Address 7865 SW 89 LANE
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name GLASER, LUIS
Address 8887 SW 78 COURT
City-State-Zip: MIAMI FL 33156

I hereby 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 all other like empowered.

SIGNATURE: HOWARD WITTELS

PRESIDENT

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date