

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756882

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**3959452409CC**

**Entity Name:** TARA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O FIRSTSERVICE RESIDENTIAL  
5805 BLUE LAGOON DR STE 310  
MIAMI, FL 33126

**Current Mailing Address:**

C/O FIRSTSERVICE RESIDENTIAL  
5805 BLUE LAGOON DR STE 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 VP, DIRECTOR  
Name WALLACE, BARBARA J  
Address C/O FIRSTSERVICE RESIDENTIAL  
5805 BLUE LAGOON DR STE 310  
City-State-Zip: MIAMI FL 33126

Title SECRETARY, DIRECTOR  
Name FORSTER, KAREN  
Address C/O FIRSTSERVICE RESIDENTIAL  
5805 BLUE LAGOON DR STE 310  
City-State-Zip: MIAMI FL 33126

Title TREASURER, DIRECTOR  
Name BURGER, SANDRA F  
Address C/O FIRSTSERVICE RESIDENTIAL  
5805 BLUE LAGOON DR STE 310  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR  
Name WITTELS, S HOWARD  
Address C/O FIRSTSERVICE RESIDENTIAL  
5805 BLUE LAGOON DR STE 310  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR  
Name STERN, ALIZA  
Address C/O FIRSTSERVICE RESIDENTIAL  
5805 BLUE LAGOON DR STE 310  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR  
Name SCHRIER, HARRY BEN  
Address C/O FIRSTSERVICE RESIDENTIAL  
5805 BLUE LAGOON DR STE 310  
City-State-Zip: MIAMI FL 33126

*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:** BARBARA WALLACE

**VICE PRESIDENT**

**04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date