

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756882

Entity Name: TARA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7811 SW 90TH ST
MIAMI, FL 33156

FILED
Mar 29, 2023
Secretary of State
6446714389CC

Current Mailing Address:

C/O FIRSTSERVICE RESIDENTIAL
5200 BLUE LAGOON DR STE 1000
MIAMI, FL 33126-2089 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, DIRECTOR
Name SCHRIER, HARRY B
Address C/O FIRSTSERVICE RESIDENTIAL
 5200 BLUE LAGOON DR STE 1000
City-State-Zip: MIAMI FL 33126-2089

Title VP, DIRECTOR
Name STERN, ALIZA
Address C/O FIRSTSERVICE RESIDENTIAL
 5200 BLUE LAGOON DR STE 1000
City-State-Zip: MIAMI FL 33126-2089

Title TREASURER, DIRECTOR
Name ETTELMAN, HOWARD J
Address C/O FIRSTSERVICE RESIDENTIAL
 5200 BLUE LAGOON DR STE 1000
City-State-Zip: MIAMI FL 33126-2089

Title SECRETARY, DIRECTOR
Name FORSTER, KAREN
Address C/O FIRSTSERVICE RESIDENTIAL
 5200 BLUE LAGOON DR STE 1000
City-State-Zip: MIAMI FL 33126-2089

Title DIRECTOR
Name ANDRADE, PATRICIA M
Address C/O FIRSTSERVICE RESIDENTIAL
 5200 BLUE LAGOON DR STE 1000
City-State-Zip: MIAMI FL 33126-2089

Title DIRECTOR
Name MITTAL, JEENU
Address C/O FIRSTSERVICE RESIDENTIAL
 5200 BLUE LAGOON DR STE 1000
City-State-Zip: MIAMI FL 33126-2089

Title DIRECTOR
Name ALVAREZ, PEDRO A.
Address C/O FIRSTSERVICE RESIDENTIAL
 5200 BLUE LAGOON DR STE 1000
City-State-Zip: MIAMI FL 33126-2089

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: HARRY B SCHRIER

PRESIDENT

03/29/2023

Electronic Signature of Signing Officer/Director Detail

Date