## 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: JONATHAN M BLOOM

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent **Officer/Director Detail :** Title TD Title DP BLOOM, JONATHAN Name Name BLOOM, JONATHAN Address 6606 STONE RIVER RD Address

**Current Mailing Address:** 6606 STONE RIVER ROAD BRADENTON, FL 34203 US

**Current Principal Place of Business:** 

Entity Name: TARA HOMEOWNERS ASSOCIATION I, INC.

## FEI Number: 65-0125427

DOCUMENT# N31575

6606 STONE RIVER ROAD BRADENTON, FL 34203

## Name and Address of Current Registered Agent:

BRADENTON FL 34203

BLOOM, JONATHAN 6606 STONE RIVER RD BRADENTON, FL 34203 US

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## CC6602277801

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:

City-State-Zip:

6606 STONE RIVER RD City-State-Zip: **BRADENTON FL 34203** City-State-Zip: **BRADENTON FL 34203** Title S Name BLOOM, JANET Address 6606 STONE RIVER RD

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

01/25/2013 Date

Date

PRESIDENT

Certificate of Status Desired: Yes

FILED Jan 25, 2013 Secretary of State