

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49083

Entity Name: TERRACES 4 OF TARA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4672 FRUITVILLE RD
SARASOTA, FL 34232-1825**Current Mailing Address:**4672 FRUITVILLE RD
SARASOTA, FL 34232-1825 US**FEI Number:** 65-0337352**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C&S CONDO MGMT.
4672 FRUITVILLE RD
SARASOTA, FL 34232-1825 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	T
Name	LENTZ, ROBERT
Address	6507 STONE RIVER ROAD, # 204
City-State-Zip:	BRADENTON FL 34203

Title	VP
Name	BIRCH, LARRY
Address	6507 STONE RIVER RD., UNIT 303
City-State-Zip:	BRADENTON FL 34203

Title	PD
Name	MRAKOVICH, DAVID
Address	6507 STONE RIVER RD UNIT #307
City-State-Zip:	BRADENTON FL 34203

Title	T
Name	MILLER, KEN
Address	6507 STONE RIVER RD #202
City-State-Zip:	BRADENTON FL 34203

Title	SECRETARY
Name	VID, MILDRED
Address	6507 STONE RIVER RD UNIT 102
City-State-Zip:	BRADENTON FL 34203-7882

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: DAVID MRAKOVICH**PRESIDENT****03/18/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date