

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90030 041 ****61.25

DOCUMENT # 741470						
1. Entity Name TARA ESTATES PROPERTY OWNERS' ASSOCIATION, INC.						
Principal Place of Business 10267 W TARA BLVD BOYNTON BEACH, FL 33437 US			Mailing Address 10267 W. TARA BLVD. BOYNTON BEACH, FL 33437 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 58-2171227		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BRAHS, DAGMAR 6655 O'HARA AVENUE BOYNTON BEACH, FL 33437			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME BROWN, WILBERT		<input type="checkbox"/> Delete	TITLE D	NAME Laura Begnoche	
STREET ADDRESS 10341 W TARA BLVD	CITY-ST-ZIP BOYNTON BEACH, FL 33437		<input type="checkbox"/> Change	STREET ADDRESS 14000 W. Tara Blvd.	<input checked="" type="checkbox"/> Addition	
TITLE D	NAME HOFFMAN, BRIAN		<input type="checkbox"/> Delete	TITLE 	NAME Boynton Beach, FL 33437	
STREET ADDRESS 6641 TARA CT.	CITY-ST-ZIP BOYNTON BEACH, FL 33437		<input type="checkbox"/> Change	STREET ADDRESS 	<input type="checkbox"/> Addition	
TITLE D	NAME LONG, JAMES		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 10414 E. TARA BLVD	CITY-ST-ZIP BOYNTON BEACH, FL 33437		<input type="checkbox"/> Change	STREET ADDRESS 	<input type="checkbox"/> Addition	
TITLE ST	NAME CIALONE, LENORE		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 10267 W. TARA BLVD.	CITY-ST-ZIP BOYNTON BEACH, FL 33437		<input type="checkbox"/> Change	STREET ADDRESS 	<input type="checkbox"/> Addition	
TITLE D	NAME POSTON, ALLEN		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 10445 W. TARA BLVD	CITY-ST-ZIP BOYNTON BEACH, FL 33437		<input type="checkbox"/> Change	STREET ADDRESS 	<input type="checkbox"/> Addition	
TITLE D	NAME KRAFT, MICHAEL		<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 6566 OHARA AVE	CITY-ST-ZIP BOYNTON BEACH, FL 33437		<input type="checkbox"/> Change	STREET ADDRESS 	<input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: Lenore Cialone				1-22-08 561-734-1188		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		