

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741470

FILED
Feb 24, 2009
Secretary of State

Entity Name: TARA ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10267 W TARA BLVD
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

10267 W. TARA BLVD.
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 58-2171227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAHS, DAGMAR
6655 O'HARA AVENUE
BOYNTON BCH., FL 33437 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, WILBERT
Address: 10341 W TARA BLVD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: HOFFMAN, BRIAN
Address: 6641 TARA CT.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: LONG, JAMES
Address: 10414 E. TARA BLVD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ST () Delete
Name: CIALONE, LENORE
Address: 10267 W. TARA BLVD.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: POSTON, ALLEN
Address: 10445 W. TARA BLVD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: BEGNOCHE, LAURA
Address: 14000 W TARA BLVD
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TRAPP, BRENDA
Address: 6627 TARA COURT
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LENORE CIALONE

ST

02/24/2009

Electronic Signature of Signing Officer or Director

Date