

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 756882 (7)**

1. Corporation Name  
**TARA HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business: **12079 SW 131ST AVE. MIAMI FL 33186**  
Mailing Address: **12079 SW 131ST AVE. MIAMI FL 33186**

3. Date Incorporated or Qualified: **03/20/1981**  
3a. Date of Last Report: **03/16/1995**  
4. FEI Number: **59-2243556**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23  
2a. Mailing Address: 26, 27, 28  
24. Zip: 25, 29  
Country: 30

9. Name and Address of Current Registered Agent:  
**ROGEL, DAVID  
% BECKER, POLIAKOFF & STREITFELD  
6161 BLUE LAGOON DR., SUITE 250  
MIAMI FL 33132**

10. Name and Address of New Registered Agent:  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDBERG, HARRIS</b>	1.2 NAME	
STREET ADDRESS	<b>7814 SW 88 TERR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVER, LAWRENCE</b>	2.2 NAME	
STREET ADDRESS	<b>8890 SW 78TH PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLANDER, MORRIS</b>	3.2 NAME	
STREET ADDRESS	<b>8891 S.W. 78TH PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORESTER, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>7861 SW 89TH LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERMAN, SUSAN</b>	5.2 NAME	
STREET ADDRESS	<b>7830 SW 89 LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSENBERG, NORMA</b>	6.2 NAME	<b>D</b>
STREET ADDRESS	<b>7872 SW 89 LANE</b>	6.3 STREET ADDRESS	<b>JEANNE BAKER</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	6.4 CITY-ST-ZIP	<b>7810 S.W. 89 LANE</b>
			<b>MIAMI, FL. 33156</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Morris Hollander* **3/11/96** **305-377-4278**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)