

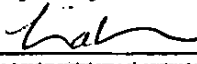
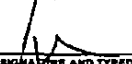


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/6/2006-90052-022-\$61.25-\$61.25

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|--|--|---|---|---|--|
| DOCUMENT # 756882 | |  | | <p style="text-align: center;">FILED</p> <p style="text-align: center;">06 MAR 29 AM 11:44</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> | |
| 1. Entity Name TARA HOMEOWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O THE FOSTER COMPANY 12396 SW 82 AVENUE MIAMI, FL 33156 | | Mailing Address C/O THE FOSTER COMPANY 12396 SW 82 AVENUE MIAMI, FL 33156 | |  | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01242006 Chg-NP CR2E037 (11/05) | |
| Zip | | Country | | 4. FEI Number 59-2243556 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ROGEL, DAVID % BECKER, POLIAKOFF & STREITFELD 6161 BLUE LAGOON DR., SUITE 250 MIAMI, FL 33182 | | | Name: <u>SKRLD, JAMES</u> Street Address (P.O. Box Number is Not Acceptable): <u>801 Alhambra Circle, Suite 1102</u> <u>Coral Gables</u> City: <u>FL</u> Zip Code: <u>33134</u> | | |
| 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:  | | Lisa Kerner, Secretary 3-27-06 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GORDAN, NANCY 8890 SW 78 PL MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALLACE, BARBARA 7815 SW 88TH TERR MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Hubbard, Liz 8870 SW 78th Place Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SPARBER, BYRON 7821 S.W. 88 TERRACE MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Patterson, James 8889 SW 78th Ct. Miami, FL 33156 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GLASER, LUIS DR. 8887 SW 78 CT MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Baker, Jeanne 7810 SW 89th Lane Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOMIT, RAYMOND 8900 SW 78 COURT MIAMI, FL 33156 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Sparber, Byron 7821 SW 88th Terr. Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BAKER, JEANNE 7810 SE 89TH LANE MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Siskin, Ed 8881 SW 78th Place Miami, FL 33156 <input checked="" type="checkbox"/> Change <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:  | | BYRON L. SPARBER, Pres | | 1/27/06 305 529-5648 | |