

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90035 028 ****61.25

DOCUMENT # 769580

1. Entity Name
TARA TRACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
PO BOX 385
LIVE OAK, FL 32064 US

Mailing Address
PO BOX 385
LIVE OAK, FL 32064 US

401277110



07202007 Chg-NP CR2E037 (12/06)

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
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAWTHORNE, LLOYD C.
103 UNION AVE
LIVE OAK, FL 32060

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 P/D ☐ Delete
NAME RATLIFF, BURNEY
STREET ADDRESS 853 TARA TRACE
CITY-ST-ZIP LIVE OAK, FL 32064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME RATLIFF, BURNEY
STREET ADDRESS 853 TARA TRACE
CITY-ST-ZIP LIVE OAK, FL 32064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME LARSEN, FRANCES
STREET ADDRESS 803 TARA TRACE
CITY-ST-ZIP LIVE OAK, FL 32064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME GOFF, GLENDA
STREET ADDRESS 850 TARA TRACE
CITY-ST-ZIP LIVE OAK, FL 32064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME LAFFOON, EDNA
STREET ADDRESS 825 TARA TRACE
CITY-ST-ZIP LIVE OAK, FL 32064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *FRANCES LARSEN*
Frances Larsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-30-07

Date

386-362-5661

Daytime Phone #

ATTACHMENT 40127773
769580

Women's
ADVANTAGE

GENTLEMEN:



ENCLOSED IS A CHECK FROM TARA
TRACE HOME OWNERS ASSOC. FOR THE
ANNUAL CORPORATE FEES. IN THE AMOUNT
OF \$61.25.

I AM SORRY IT IS LATE. I DID
NOT RECEIVE A REQUEST FOR THESE
DUES.

ALL THE OFFICERS ARE THE
SAME AS BEFORE.

SINCERELY
FRANCES LARSEN
TREASURER.