

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769580

FILED
Apr 04, 2009
Secretary of State

Entity Name: TARA TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 385
LIVE OAK, FL 32064 US

New Principal Place of Business:

825 TARA TRACE
LIVE OAK, FL 32064 US

Current Mailing Address:

PO BOX 385
LIVE OAK, FL 32064 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HAWTHORNE, LLOYD C.
103 UNION AVE
LIVE OAK, FL 32060 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: P/D () Delete
Name: RATLIFF, BURNEY
Address: 853 TARA TRACE
City-St-Zip: LIVE OAK, FL 32064 US

Title: TD () Delete
Name: LARSEN, FRANCES
Address: 803 TARA TRACE
City-St-Zip: LIVE OAK, FL 32064 US

Title: SD () Delete
Name: GOFF, GLENDA
Address: 850 TARA TRACE
City-St-Zip: LIVE OAK, FL 32064 US

Title: VPD (X) Delete
Name: LAFFOON, EDNA
Address: 825 TARA TRACE
City-St-Zip: LIVE OAK, FL 32064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: LAFOON, EDNA
Address: 825 TARA TRACE
City-St-Zip: LIVE OAK, FL 32064 US

Title: TD (X) Change () Addition
Name: BRANCHE, MARTHA
Address: 838 TARA TRACE
City-St-Zip: LIVE OAK, FL 32064 US

Title: SD (X) Change () Addition
Name: TAYLOR, ADRIENNE
Address: 837 TARA TRACE
City-St-Zip: LIVE OAK, FL 32064 US

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

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: ADRIENNE TAYLOR

SD

04/04/2009

Electronic Signature of Signing Officer or Director

Date