

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03982** (8)
1. Corporation Name

TARA VILLAGE RESIDENTS ASSOCIATION, INC.

Principal Place of Business 111 TARA LANE TARA VILLAGE LEESBURG FL 34788 US	Mailing Address 82 BUTLER CIRCLE TARA VILLAGE LEESBURG FL 34788 US
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3. Date Incorporated or Qualified

07/02/1984

4. FEI Number

59-2448772

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

NO Yes ☒ No ☒

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOREY, MARY
97 BUTLER CIRCLE
TARA VILLAGE
LEESBURG FL 34788**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

82 Butler Circle

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	WRIGHT, FRED	
STREET ADDRESS	60 PLANTATION ROAD	
CITY-ST-ZIP	LEESBURG FL	
TITLE	FVPD	☐ DELETE
NAME	WILKINS, DOLORES	
STREET ADDRESS	110 BUTLER CIRCLE W.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	SVPD	☐ DELETE
NAME	COLE, GEORGE TOM	
STREET ADDRESS	42 O'HARA STREET	
CITY-ST-ZIP	LEESBURG FL	
TITLE	TD	☐ DELETE
NAME	OFFENBECKER, MARY	
STREET ADDRESS	97 BUTLER CIRCLE, TARA VILLAGE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	TD	☐ DELETE
NAME	MOREY, MARY	
STREET ADDRESS	82 BUTLER CIRCLE E.	
CITY-ST-ZIP	LEESBURG FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Dwight Morris	
1.3 STREET ADDRESS	68 Butler Circle	
1.4 CITY-ST-ZIP	Leesburg FL 34788	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Mary Morey**

2-12-98 352 228 4462

CR2E037 (10/97)