

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90003 002 ****61.25

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DOCUMENT # N03982

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/02/1984

4. FEI Number

59-2448772

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

9. Name and Address of Current Registered Agent

MOREY, MARY
82 BUTLER CIR
TARA VILLAGE
LEESBURG FL 34788

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

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 ☐ DELETE

NAME **PD**
MORRIS, DWIGHT
STREET ADDRESS **68 BUTLER CIR**
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE ☐ DELETE

NAME **FVPD**
WILKINS, DOLORES
STREET ADDRESS **110 BUTLER CIRCLE W.**
CITY-ST-ZIP **LEESBURG FL**

TITLE ☐ DELETE

NAME **SVPD**
COLE, GEORGE TOM
STREET ADDRESS **42 O'HARA STREET**
CITY-ST-ZIP **LEESBURG FL**

TITLE ☒ DELETE

NAME **SD**
OFFENBECKER, MARY
STREET ADDRESS **97 BUTLER CIRCLE, TARA VILLAGE**
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE ☐ DELETE

NAME **TD**
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

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

☒ 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

SD
Jane Nitschke
59 Plantation Rd
Leesburg FL 34788

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, with all other like empowered.

SIGNATURE:

Mary Morey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99
Date

352 228 4442
Daytime Phone #

CR2E037 (11/98)