2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # NO3982 1. Entity Name TARA VILLAGE RESIDENTS ASSOCIATION, INC.				Feb 20	FILED Feb 20, 2002 8:00 am Secretary of State		
				!	002 90139 049		
Principal Place of Bu	usiness	Mailing Address					
111 TARA LANE TARA VILLAGE LEESBURG FL 34788 US		62 Plantation RD Leesburg FL 34788 US		I PRALIFER BUT SALARA M		NIGU GIÐU GIÐU ÐIÐU GIÐU LÆÐU	
Principal Place of Business 10630 CR 44 Suite, Apt. #, etc.		3. Mailing Address 110 BUTLER CIRCLE Suite Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
TARA VILLAGE		TARA VILLAGE			NOT WRITE IN THE	S SPACE	
City & State LEESBURG, F	L	City & State LEESBURG, FL		4. FEI Number	448772	Applied For Not Applicable	
Zip 34788	Country US	Zip 34788	Country US	5. Certificate of Status		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent			
SIGNATURE	I VILLAGE 94788	DO نیسا	TARA City LEES registered office of	WILLAGE BURG registered agent, or both, in the INS. TREASURER ure required when renstating)	F	(5, 2002	
9. Election Campaign Financing Trust Fund Contribution.				- Added to 7 das	Departn	ck Payable to nent of State	
TITLE PD	ÖFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES 1	O OFFICERS AND	DIRECTORS IN 10 Change Addition	
NAME COLL STREET ADDRESS (1774-51-78)	E, GEORGE T Hara Street Burg Fl. 34788	33 5000	NAME STREET ADDRESS CITY-ST-ZIP	FRANK S. CLARK 62 PLANTATION RD LEESBURG, FL 347	88		
NAME STREET ADDRESS CITY, ST. 780 TITLE VD HIGH 57 P	ISMITH, FRANK LANTATION ROAD IBURG FL 34788	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOLORES WILKINS 110 BUTLER CIRCL LEESBURG, FL 347	E	K Charge ☐ Addition	
MAME STREET ADDRESS CHAI	LKER, LAVERNE ARA LANE BBURG FL 34788	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN LAUCH 15 ASHLEY AVE. LEESBURG, FL 3479		☐ Change 🙀 Addition	
NAME STREET ADDRESS CITY ST. 70	PK, FRANK S LANTATION ROAD IBURG FL-34788	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONALD BELLINGER 56 PLANTATION RD LEESBURG, FL 347	•	☐ Change 🙀 Addition	
TITLE NAME WILK	TINS, DOLORES BUTLER CIRCLE	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST- 7IP	J#/		☐ Change ☐ Addition	

CITY-ST-ZIP

12. 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 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

LEESBURG FL 94788

QUALKENBUSH, JOHN

19 ASHLEY AVE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

DOLORES WILKINS, TREASURER

2-05-02

352-728-6796

Addition

☐ Delete

☐ Change