2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State
02-11-2004 90004 050 ****61.25

DOCUMENT # N03982

1. Entity Name

TARA VILLAGE RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10630 CR 44 TARA VILLAGE LEESBURG FL 34788 US	33 TARA LN LEESBURG FL 34788 US

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2448772 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHALKER, LAVERNE
33 TARA LN
LEESBURG FL 34788

7. Name and Address of New Registered Agent

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 LaVerne Chalker Treas. LaVerne Chalker, Tr (NO change) 02-04-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAUCH, JOHN 15 MELANIE LN LEESBURG FL 34788	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD QUALKENBUSH, JOHN 19 ASHLEY AVE LEESBURG FL 34788	☒ Delete	SD Danie, Patricia 79 Butler Circle Leesburg, Fl 34788	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NICE, JIM 68 BITLER CIR LEESBURG FL 34788	☐ Delete	VD Nice, Jim 68 Butler Circle Leesburg, Fl 34788	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHALKER, LAVERNE 33 TARA LN LEESBURG FL 34788	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BELLINGER, RON 56 PLANTATION RD LEESBURG FL 34788	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD QUALKENBUSH, JOHN 19 ASHLEY AVE LEESBURG FL 34788	☒ Delete		☐ Change ☐ Addition

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.

SIGNATURE: LaVerne Chalker, Treas 02-04-04 352-315-8962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #