


2005 **NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90343 042 ****61.25

DOCUMENT # <i>NO 3982</i>	
1. Entity Name <i>TARA VILLAGE RESIDENTS ASSOCIATION, INC.</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>10630 C.R. 44</i> Suite, Apt. #, etc. <i>TARA VILLAGE</i>		3. Mailing Address <i>61 PLANTATION RD.</i> Suite, Apt. #, etc.	
City & State <i>LEESBURG, FL</i>	City & State <i>LEESBURG, FL</i>	4. FEI Number <i>59-2448772</i>	Applied For Not Applicable
Zip <i>34788</i>	Country <i>US</i>	Zip <i>34788</i>	Country <i>US</i>

50038559

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <i>RICHARDVILLE, JUDY</i>	
	Street Address (P.O. Box Number is Not Acceptable) <i>61 PLANTATION RD.</i>	
	City <i>LEESBURG</i>	FL Zip Code <i>34788</i>

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 *JUDY RICHARDVILLE, TREAS.* *Judy Richardville, Treas.* *4/14/05*
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>LAUCH, JOHN</i> <i>25 RHETT RD.</i> <i>LEESBURG, FL 34788</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY</i> <i>MCBRIDE, PATRICIA</i> <i>77 BUTLER CIRCLE</i> <i>LEESBURG, FL 34788</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1ST VICE PRESIDENT</i> <i>NICE, JIM</i> <i>68 BUTLER CIRCLE</i> <i>LEESBURG, FL 34788</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER</i> <i>RICHARDVILLE, JUDY</i> <i>61 PLANTATION RD.</i> <i>LEESBURG, FL 34788</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2ND VICE PRESIDENT</i> <i>MORRIS, DEAN</i> <i>88 TARA LANE</i> <i>LEESBURG, FL 34788</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *JUDY RICHARDVILLE, TREAS.* *Judy Richardville, Treas.* *4/14/05* *352-787-6921*

CR2E037B (12/02)