

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90045 043 ****61.25

DOCUMENT # N03982 1. Entity Name TARA VILLAGE RESIDENTS ASSOCIATION, INC.					
Principal Place of Business 10630 CR 44 TARA VILLAGE LEESBURG, FL 34788 US			Mailing Address 61 PLANTATION RD LEESBURG, FL 34788 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 25 RHETT ROAD Suite, Apt. #, etc.			
City & State LEESBURG FL		4. FEI Number 59-2448772		Applied For <input type="checkbox"/> Not Applicable	
Zip 34788		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARDVILLE, JUDY 61 PLANTATION RD LEESBURG, FL 34788			7. Name and Address of New Registered Agent Name LAUCH, SUZANNE Street Address (P.O. Box Number is Not Acceptable) 25 RHETT ROAD City LEESBURG FL Zip Code 34788		
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 <u><i>Suzanne Lauch</i></u> (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAUCH, JOHN 25 RHETT RD LEESBURG, FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCBRIDE, PATRICIA 79 BUTLER CIRCLE LEESBURG, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORD, NANCY 80 BUTLER CIR LEESBURG, FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHMIDT, RACHEL 94 TARA LANE LEESBURG, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP MCBRIDE, PATRICIA 79 BUTLER CIR LEESBURG, FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP FORD, NANCY 80 BUTLER CR. LEESBURG, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARDVILLE, JUDY 61 PLANTATION RD LEESBURG, FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAUCH, SUZANNE 25 RHETT ROAD LEESBURG, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVP MORRIS, DEAN 88 TARA LANE LEESBURG, FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVP MORRIS, FRANCES 88 TARA LANE LEESBURG, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Suzanne Lauch</i></u> SUZANNE LAUCH 4-15-07 352-323-0012 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					