## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N03982



## FILED Feb 12, 2003 8:00 am Secretary of State

| TARA VILLAGE RESIDENTS ASSOCIATION, INC.                                              |                                                                                  |                                                                              |                                     |                                                            | 02-12-2003 90130 029 **** 61.23                      |                           |                             |  |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------|------------------------------------------------------|---------------------------|-----------------------------|--|
| Principal Place of Business<br>10630 CR 44<br>TARA VILLAGE<br>LEESBURG FL 34788<br>US |                                                                                  | Mailing Address 110 BUTLER CIRCLE TARA VILLAGE LEESBURG FL 34788 US          |                                     |                                                            |                                                      |                           |                             |  |
| 2. Principal Place of Business 3                                                      |                                                                                  | 3. Mailing Address 33 Tara, Lane                                             |                                     |                                                            |                                                      | Dili) lilih ilbih bibi    |                             |  |
| Suite, Apt.                                                                           |                                                                                  | Suite, Apt. #, etc.  Tara Village                                            |                                     |                                                            | CHECK HERE IF MAKING CHANGES                         |                           |                             |  |
| City & State Same                                                                     |                                                                                  | City & State Lees burg Fl                                                    |                                     | 4. FEI Number 59                                           | 4. FEI Number 59-2448772                             |                           | pplied For<br>at Applicable |  |
| Zip<br>~                                                                              | Country                                                                          | 7                                                                            | Country                             | 5. Certificate of St                                       | atus Desired                                         | \$8.75 Add                | litional<br>d -             |  |
|                                                                                       | 6. Name and Address of Curren                                                    |                                                                              |                                     | 7. Name and Add                                            | ress of New Register                                 | ed Agent                  |                             |  |
| į,                                                                                    |                                                                                  |                                                                              | Name                                | LaVana Ch.                                                 | IK an I                                              | 1.0.0                     |                             |  |
| WILKINS, DOLORES                                                                      |                                                                                  |                                                                              |                                     | Street Address (P.O. Box Number is Not Acceptable)         |                                                      |                           |                             |  |
| 110 BUTLER CIRCLE                                                                     |                                                                                  |                                                                              |                                     | 3 3 Tam Lane                                               |                                                      |                           |                             |  |
| TARA VILI                                                                             |                                                                                  |                                                                              |                                     | , , , , , , , , , , , , , , , , , , , ,                    |                                                      |                           |                             |  |
|                                                                                       | G FL 34788                                                                       |                                                                              | City 1                              |                                                            |                                                      | Zip Cod                   | e                           |  |
|                                                                                       |                                                                                  |                                                                              | City / L                            | ees burg                                                   | j-                                                   |                           | 88                          |  |
| 8. The above                                                                          | named entity submits this statement                                              | for the purpose of changing its regi                                         | stered office or                    | registered agent, or both, in                              | the State of Florida. I a                            | am familiar with,         | and accept                  |  |
| SIGNATURE .                                                                           | Signature, typed or printed name of registered age                               | 9. Election Campai                                                           | gn Financing                        | e required when reinstating)  \$5.00 May Be                | Make Ch                                              | - 10 - 0 :<br>eck Payable | to                          |  |
| •                                                                                     | TEL NOW.   CE 10 401.20                                                          | Trust Fund Contr                                                             | ibution. {                          | Added to Fees                                              | Florida Dep                                          | partment of S             | State                       |  |
| 10.                                                                                   | OFFICERS AND D                                                                   | *********                                                                    | 11.                                 |                                                            | ES TO OFFICERS AND                                   | DIRECTORS IN              |                             |  |
| TITLE                                                                                 | PD                                                                               | ☐ Delete                                                                     | TITLE                               | PD + + 1                                                   |                                                      | Change                    | ☐ Addition                  |  |
| NAME                                                                                  | CLARK, FRANK S                                                                   |                                                                              |                                     | Lauch, John                                                |                                                      |                           |                             |  |
| STREET ADDRESS                                                                        | 62 PLANTATION RD                                                                 |                                                                              | STREET ADDRESS                      | 15 melanie L                                               | the aunca                                            |                           |                             |  |
| CITY-ST-ZIP                                                                           | LEESBURG FL 34788                                                                |                                                                              | CITY-ST-ZIP                         | Lees burg Fl                                               | 34788                                                |                           |                             |  |
| TITLE                                                                                 | VD                                                                               | ☐ Delete                                                                     |                                     | VD<br>Qual Kenbush, J                                      | - L.                                                 | Change                    | ☐ Addition                  |  |
| NAME                                                                                  | HIGHSMITH, FRANK                                                                 |                                                                              | NAME<br>STREET ADDRESS              | 19 Ashley Av                                               |                                                      |                           |                             |  |
| STREET ADORESS<br>CITY-ST-ZIP                                                         | 57 PLANTATION ROAD                                                               |                                                                              |                                     |                                                            | -3.4788                                              | ی میجست                   | İ                           |  |
|                                                                                       | LEESBURG FL 34788                                                                |                                                                              |                                     | Feesburg Fl-                                               | 37/88                                                | Change                    | Addition                    |  |
| TITLE                                                                                 | SD<br> Chalker, Laverne                                                          | ☐ Delete                                                                     | TITLE<br>NAME                       | Alica Tim                                                  |                                                      | Change                    | L Addition                  |  |
| NAME<br>STREET ADDRESS                                                                | 33 TARA LANE                                                                     |                                                                              | STREET ADDRESS                      | Nice, Jim<br>68 Butler Cir                                 | a /a                                                 |                           |                             |  |
| CITY-ST-ZIP                                                                           | LEESBURG FL 34788                                                                |                                                                              | CITY-ST-ZIP                         |                                                            | 34788                                                |                           |                             |  |
|                                                                                       | TD                                                                               | □ p./                                                                        | TITLE                               | Leesburg Fl<br>TD                                          | 37784                                                | Change                    | Addition                    |  |
| TITLE<br>NAME                                                                         | WILKINS, DOLORES                                                                 | ☐ Delete                                                                     | NAME (                              | Chalker, Lav                                               | pnnp                                                 | Gliange                   |                             |  |
| STREET ADDRESS                                                                        | 110 BUTLER CIRCLE                                                                |                                                                              |                                     | 33 Tara Lan                                                |                                                      |                           |                             |  |
| CITY-ST-ZIP                                                                           | LEESBURG FL 34788                                                                |                                                                              |                                     | Leesburg Fl                                                | 34788                                                |                           | Î                           |  |
|                                                                                       | VD                                                                               | ☐ Delete                                                                     |                                     | VD                                                         | 3 1/84                                               | Z Change                  | Addition                    |  |
| TITLE<br>NAME                                                                         | WILKINS, DOLORES                                                                 | □ Delete                                                                     |                                     | Bellinger, Ro                                              | h                                                    | y Onlings                 | [] //00/00/1                |  |
| STREET ADDRESS                                                                        | 110 BUTLER CIRCLE                                                                |                                                                              | STREET ADDRESS                      | 56 Plantatio                                               |                                                      |                           |                             |  |
| CITY-ST-ZIP                                                                           | LEESBURG FL 34788                                                                |                                                                              | CITY-ST-ZIP                         | Lees burg Fl                                               | 34788                                                |                           |                             |  |
| TITLE                                                                                 | VD                                                                               | ☐ Delete                                                                     | TITLE                               | ,                                                          | <u>, v // uu</u>                                     | ☐ Change                  | ☐ Addition                  |  |
| NAME                                                                                  | QUALKENBUSH, JOHN                                                                |                                                                              | NAME                                |                                                            |                                                      |                           |                             |  |
| STREET ADDRESS                                                                        | 19 ASHLEY AVE                                                                    |                                                                              | STREET ADDRESS                      |                                                            |                                                      |                           |                             |  |
| CITY-ST-ZIP                                                                           | LEESBURG FL 34788                                                                |                                                                              | CITY-ST-ZIP                         |                                                            |                                                      |                           |                             |  |
| 12. I hereby of indicated                                                             | pertify that the information supplied with on this report or supplemental report | ith this filing does not qualify for the is true and accurate and that my si | exemption state<br>gnature shall ha | ed in Section 119.07(3)(i), Flave the same legal effect as | orida Statutes. I further<br>if made under oath; tha | certify that the in       | nformation<br>or director   |  |

of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered. Lallerne Chalker

**SIGNATURE:** 

02-10-03 352-315-8962