

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90020 030 ****61.25

DOCUMENT # N05000011510

1. Entity Name
**TARA HOUSE SOUTH CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**2101 W PLATT STREET SUITE 200
TAMPA, FL 33606**

Mailing Address
**2101 W PLATT STREET SUITE 200
TAMPA, FL 33606**

40108521



04122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4086636

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KIRKWOOD, CAROLE T
305 S BLVD
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LUM, JOHN
STREET ADDRESS 2101 W PLATT STREET SUITE 200
CITY-ST-ZIP TAMPA, FL 33606

TITLE VD
NAME GULUZIAN, ARAM
STREET ADDRESS 2101 W PLATT STREET SUITE 200
CITY-ST-ZIP TAMPA, FL 33606

TITLE DST
NAME ARENAS, BERNARD III
STREET ADDRESS 2101 W PLATT STREET SUITE 200
CITY-ST-ZIP TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

Date

(813) 258-5478

Daytime Phone #