


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

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90112 025 ****61.25

DOCUMENT # N05000012437	
1. Entity Name TARA HOUSE WEST CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 3216 WEST DELEON STREET TAMPA, FL 33609	Mailing Address 3216 WEST DELEON STREET TAMPA, FL 33609
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403 N. Howard Ave, Ste 200



04122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4086687	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KIRKLAND, CAROLE T C/O MECHANIK NUCCIO HEARNE & WESTER, P.A. 305 S BOULEVARD TAMPA, FL 33606
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY - ST - ZIP	DP LUM, JOHN <i>403 N. Howard Ave.</i> 2101 W PLATT STREET STE 200 <i>Ste 200</i> TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GULUZIAN, ARAM <i>403 N. Howard Ave</i> 2101 W PLATT STREET STE 200 <i>Ste 200</i> TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST AREANAS, BERNARD III <i>← Delete</i> 2101 W PLATT STREET STE 200 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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

4/27/07 *(813) 258-5478*
Date Daytime Phone #