

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001745

FILED
Apr 10, 2009
Secretary of State

Entity Name: TARA OAKS PLANTATION ONE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8933 US HWY 98
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 90456
LAKELAND, FL 33804

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOPPE, JOHN D
225 E LEMON ST
STE 300
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

SUTTON, CARLOS K
8933 U S HIGHWAY 98
DADE CITY, FL 33525 US

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.

SIGNATURE: CARLOS K SUTTON

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SUTTON, CARLOS K
Address: P O BOX 90456
City-St-Zip: LAKELAND, FL 33804

Title: VPTD () Delete
Name: SUTTON, FAYE S G
Address: P O BOX 90456
City-St-Zip: LAKELAND, FL 33804

Title: VP/D () Delete
Name: WILLIAMSON, ROY MR.
Address: PARK BYRD RD
City-St-Zip: LAKELAND, FL 33810

Title: VP/D () Delete
Name: WILLIAMSON, PERSIS MRS.
Address: PARK BYRD RD
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS K SUTTON

PRES

04/10/2009

Electronic Signature of Signing Officer or Director

Date