

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90052 045 ****61.25

DOCUMENT # N06469

1. Entity Name

TARA GARDENS MASTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

10001 WEST ATLANTIC BLVD.,
OFFICE
CORAL SPRINGS FL 33071

Mailing Address

10001 WEST ATLANTIC BLVD.
OFFICE
CORAL SPRINGS FL 33071



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2409278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

DUHAIME, CHRISTIAN
1625 SE 17TH STREET CAUSEWAY
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME DUHAIME, MADELEINE
STREET ADDRESS 1625 SE 17TH STREET CAUSEWAY
CITY ST-ZIP FORT LAUDERDALE FL 33316

TITLE VD ☒ Delete
NAME NARDI, FRANK
STREET ADDRESS 615 NE 34TH COURT
CITY ST-ZIP FORT LAUDERDALE FL 33334

TITLE SD ☒ Delete
NAME ROBERT, CAROLINA
STREET ADDRESS 3400 NE 1ST AVENUE
CITY ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME DAVID ALVAS
STREET ADDRESS 10001 W. ATLANTIC #217
CITY ST-ZIP CORAL SPRINGS, FL 33071

TITLE VD ☐ Change ☒ Addition
NAME LISA KRUCKER
STREET ADDRESS 10117 W. ATLANTIC BLVD
CITY ST-ZIP CORAL SPRINGS, FL 33071

TITLE SD ☐ Change ☒ Addition
NAME FRANK NARDI
STREET ADDRESS 615 NE 34 COURT
CITY ST-ZIP FORT LAUDERDALE, FL 33334

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

DAVID ALVAS

4/12/2007