

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06469

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** TARA GARDENS MASTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10001 WEST ATLANTIC BLVD.,  
OFFICE  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

10001 WEST ATLANTIC BLVD.  
OFFICE  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number:** 22-2409278      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** KRUCKER, LISA  
**Address:** 10117 W. ATLANTIC BLVD  
**City-St-Zip:** CORAL SPRINGS, FL 33076

**Title:** VD  
**Name:** DEBRA, CIPOLLA  
**Address:** 10001 W. ATLANTIC BLVD #115  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**Title:** SD  
**Name:** ALVAS, DAVID  
**Address:** 10001 W. ATLANTIC BLVD #217  
**City-St-Zip:** CORAL SPRING, FL 33071

I hereby 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 all other like empowered.

SIGNATURE: CHRISTIAN DUHAIME

MGR

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date