


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90056 019 \*\*\*\*61.25

<b>DOCUMENT # N17627</b> 1. Entity Name <b>TALA LAKE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4065 OAKVIEW DR. P O BOX 380741 PORT CHARLOTTE, FL 33980 US</b>			Mailing Address <b>PO BOX 380758 MURDOCK, FL 33938 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>6105 Taylor Rd #2</b> Suite, Apt. #, etc.			
City & State <b>Punta Gorda, FL</b>		City & State <b>Punta Gorda, FL</b>		4. FEI Number <b>59-2789821</b>	
Zip <b>33960</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WISHARD, KRISTINE 23081 HARBORVIEW RD. 2ND FL. PORT CHARLOTTE, FL 33980</b>			7. Name and Address of New Registered Agent Name <b>Star Hospitality Mgmt. Inc.</b> Street Address (P.O. Box) <b>6025 Taylor Rd. #2</b> <b>Punta Gorda, FL 33950</b> City <b>FL</b> 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 <u><i>Kristine Wishard</i></u> <b>CRAN</b> DATE <u><i>3/2/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, MARCELLA PO BOX 380758 MURDOCK, FL 33938	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President William Stewart 4044 Oakview Dr. #2 Port Charlotte, FL 33980	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANNON, THOMAS PO BOX 380758 MURDOCK, FL 33938	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Julie Seargent 4044 Oakview Dr. #1 Pt. Charlotte, FL 33980	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>President</del> SMITH, BETTY <del>PO BOX 380758</del> 4044 Oakview Dr. #9 <del>MURDOCK, FL 33938</del> Port Charlotte, FL 33980	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Christine Smith 4044 Oakview Dr. #3 Pt. Charlotte, FL 33980	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REBBEOR, JIM PO BOX 380758 MURDOCK, FL 33938	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Charles Grubbs 4044 Oakview Dr. #3 Pt. Charlotte, FL 33980	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Betty R. Smith</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>3/2/06</i></u> Daytime Phone # <u><i>941-625-5015</i></u>		