

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-09-2007 90021 003 ****61.25

DOCUMENT # N17627 1. Entity Name TALA LAKE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4065 OAKVIEW DR. P O BOX 380741 PORT CHARLOTTE, FL 33980 US			Mailing Address 6025 TAYLOR RD #2 PUNTA GORDA, FL 33950 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01252007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2789821	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STAR HOSPITALITY MGMT., INC. 6025 TAYLOR ROAD #2 PUNTA GORDA, FL 33950				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 <u><i>Perry Hill</i></u> DATE <u>1-26-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	VP	<input checked="" type="checkbox"/> Delete			
NAME	STEWART, WILLIAM				
STREET ADDRESS	4044 OAKVIEW DR., #2				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980				
TITLE	S	<input type="checkbox"/> Delete			
NAME	SEARGENT, JULIE				
STREET ADDRESS	4016 OAKVIEW DR., #1				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980				
TITLE	P	<input type="checkbox"/> Delete			
NAME	SMITH, BETTY				
STREET ADDRESS	4000 OAKVIEW DR., #9				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980				
TITLE	T	<input type="checkbox"/> Delete			
NAME	SMITH, CHRISTINE				
STREET ADDRESS	4056 OAKVIEW DR., #3				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980				
TITLE	D	<input type="checkbox"/> Delete			
NAME	GRUBBS, CHARLES				
STREET ADDRESS	4040 OAKVIEW DR., #3				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	V.P. GRUBBS, CHARLES				
STREET ADDRESS	4040 OAKVIEW DR #3				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980				
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	DONALD FRANKLIN				
STREET ADDRESS	4032 OAKVIEW DR #4				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980				
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> DATE <u>1-26-07</u> DAYTIME PHONE # <u>941 629 8346</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					