

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26000

FILED
Jul 06, 2006
Secretary of State

Entity Name: TARA CAY HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

14601 LORIDAWN DRIVE
SEMINOLE, FL 33776

New Principal Place of Business:

Current Mailing Address:

14601 LORIDAWN DRIVE
SEMINOLE, FL 33776

New Mailing Address:

FEI Number: 59-2897474 **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:

BRAINARD, C SCOTT
100 2ND AVE S, STE 701
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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: M () Delete
Name: MENARD, TOM
Address: 14605 LORIDAWN DR.
City-St-Zip: SEMINOLE, FL 33776

Title: S () Delete
Name: CURRRIER, CHERYL
Address: 14624 LORIDAWN DR.
City-St-Zip: SEMINOLE, FL 33776

Title: T () Delete
Name: SPETZLER, FRANK
Address: 14613 LORIDAWN DR
City-St-Zip: SEMINOLE, FL 33776

Title: P () Delete
Name: YANNO, JACK
Address: 14611 LORIDAWN DR
City-St-Zip: SEMINOLE, FL 33776

Title: M () Delete
Name: LORE, PETER
Address: 14603 LORIDAWN DR.
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change () Addition
Name: NELSON, BOB
Address: 14623 LORIDAWN DR.
City-St-Zip: SEMINOLE, FL 33776

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 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: FRANK SPETZLER

VP

07/06/2006

Electronic Signature of Signing Officer or Director

Date