

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90361 038 ***61.25

DOCUMENT # N26000

1. Entity Name

TARA CAY HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

**14601 LORIDAWN DRIVE
SEMINOLE FL 33776**

Mailing Address

**14601 LORIDAWN DRIVE
SEMINOLE FL 33776**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2897474**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete
NAME **ROEHM, DONALD C.**
STREET ADDRESS **14619 LORIDAWN DR.**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **TD** ☒ Change ☒ Delete
NAME **MEGINLEY, ROSEMARIE J.**
STREET ADDRESS **14621 LORIDAWN DR.**
CITY-ST-ZIP **SEMINOLE, FL 33776**

TITLE **PD** ☐ Delete
NAME **BISHOFF, DIANE L**
STREET ADDRESS **14617 LORIDAWN DR**
CITY-ST-ZIP **SEMINOLE FL 33776-1151**

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

TITLE **SD** ☐ Delete
NAME **MENARD, LYNNE**
STREET ADDRESS **14605 LORIDAWN DR**
CITY-ST-ZIP **SEMINOLE FL 33776-1151**

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

TITLE **TREAS** ☐ Delete
NAME **FRANK SPETZLER**
STREET ADDRESS **14613 LORIDAWN DR**
CITY-ST-ZIP **SEMINOLE, FL 33776**

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

TITLE **MEMBER** ☐ Delete
NAME **ROBERT NELSON**
STREET ADDRESS **14623 LORIDAWN DR**
CITY-ST-ZIP **SEMINOLE, FL 33776**

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

TITLE **MEMBER** ☐ Delete
NAME **JACK YANNO**
STREET ADDRESS **14611 LORIDAWN DR**
CITY-ST-ZIP **SEMINOLE, FL 33776**

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 exemption stated in Section 119.07(3)(i), 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 REQUIRED DIANE BISHOFF 2/12/03

CR2E037 (10/02)