


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-09-2007 90106 038 ****61.25

DOCUMENT # N30249 1. Entity Name TERRACES 1 OF TARA CONDOMINIUM ASSOCIATION, INC.																											
Principal Place of Business 2180 WEST STATE RD. 434- SUITE 5000- LONGWOOD, FL 32779-5044		Mailing Address 2180 WEST STATE RD. 434- SUITE 5000- LONGWOOD, FL 32779-5044																									
2. Principal Place of Business - No P.O. Box # 6501 Stone River Rd Suite, Apt. #, etc.		3. Mailing Address 4301 32nd St W Suite, Apt. #, etc. #A20																									
City & State Bradenton FL Zip 34203 Country USA		City & State Bradenton FL Zip 34205 Country USA																									
4. FEI Number 65-0138832		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent HAGERTY, JOHN 4400 EL CONQUISTADOR PKWY #1 BRADENTON, FL 34210		7. Name and Address of New Registered Agent Name CS Condo Mgmt Street Address (P.O. Box Number is Not Acceptable) 4301 32nd St W #A20 City Bradenton FL Zip Code 34205																									
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 CS Condo Mgmt, John Hagerty VP 3-27-07 <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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																									
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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: Mel Shulick 4/10/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											