Ţ

FILED Feb 27, 2008 8:00 am Secretary of State

| 2008 NOT-FO | R-PROFIT | ORA1 | ΓΙΟ | N |
|-------------|----------|------|-----|---|
| | | | | |

| 1. Entity Name | NT # N30249 OF TARA CONDOMIN | IIUM ASSOCIATION | | 02-27-2008 90014 046 ****61.25 |
|--|--|---|--|---|
| Principal Place of Bu 6501 STONE RIVER BRADENTON, FL 3 | RD #309 | Mailing Address 4301 32ND ST W #A-20 BRADENTON, FL 3420 | 5 | 40033830 |
| 2. Principal Place of | Business - No P.O. Box # | 3. Mailing Address | ritulle k | I HANNING BEA SHIN BRINE HERY BERNE SOM BURNE BLANK BURN BURN BURNE BLANKER DE HERE |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01072008 Chg-NP CR2E037 (12/06) |
| City & State | | THE MSO | to Fo | 4. FEI Number Applied For 65-0138832 Not Applicable |
| Zip | Country | 34232 | Country 5 | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 6. | Name and Address of Current | Registered Agent | Name | 7. Name and Address of New Registered Agent |
| C & S CONDO I 4301 32ND ST I #A-20 BRADENTON, I | N | | Strote Ap | Des codo El 2003) |
| the obligations of SIGNATURE | d entity submits this statement registered agent. | M | \hat{v} | registered agent, or both, in the State of Florida. am familiar with, and accept |
| | g Fee is \$61.25 by May 1, 2008 | 9. Election Can Trust Fund C | npaign Financing Contribution. | \$5.00 May Be Added to Fees Make check payable to Florida Department of State |
| 10. TITLE S/7 | OFFICERS AND DI | RECTORS Delete | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 S/T Change ☐ Addition |
| NAME ZIPF STREET ADDRESS 6501 | P, RICHARD I STONE RIVER RD. #309 DENTON, FL 34203 | □ Delete | NAME STREET ADDRESS CITY-ST-ZIP | ge change Audition |
| STREET ADDRESS 6501 | ILLICK, MEL I STONE RIVER ROAD #20 DENTON, FL 34203 | © X Deletc | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Rich Bajkowski 6501 Standing for #207 Bendenton, Fi |
| STREET ADDRESS 6501 | RD, ROBERT I STONE RIVER RD. #105 DENTON, FL 34203 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| ITILE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| indicated on thi of the corporation | s report or supplemental report on or the receiver or trustee emplan attachment with an address, | s true and accurate and that re powered to execute this report | ny signature shall ha as required by Char | contained in Chapter 119, Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director upter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if |