

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-09-2007 90106 035 ****61.25

DOCUMENT # N30289 1. Entity Name TERRACES OF TARA COMMONS ASSOCIATION, INC.					
Principal Place of Business 2180 WEST SR 434 SUTIE 5000 LONGWOOD, FL 32779-5044				Mailing Address 2180 WEST SR 434 SUTIE 5000 LONGWOOD, FL 32779-5044	
2. Principal Place of Business - No P.O. Box # 6507 Stone River Rd Suite, Apt. #, etc. #307		3. Mailing Address 4301 32nd St W #A20 Suite, Apt. #, etc.			
City & State Bradenton FL Zip 34203		City & State Bradenton FL Zip 34205		4. FEI Number 65-0162247	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HART, JAMES WJR 2180 WEST SR 434 SUTIE 5000 LONGWOOD, FL 32779-5044				7. Name and Address of New Registered Agent Name CLS Condo Mgmt Street Address (P.O. Box Number is Not Acceptable) 4301 32nd St W #A-20 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 <i>[Signature]</i> VP DATE 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					
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	6507 STONE RIVER RD #307				
CITY-ST-ZIP	BRADENTON, FL 34203				
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	6503 STONE RIVER RD #201				
CITY-ST-ZIP	BRADENTON, FL 34203				
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	6505 STONE RIVER RD #304				
CITY-ST-ZIP	BRADENTON, FL 34203				
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	6501 STONE RIVER RD #306				
CITY-ST-ZIP	BRADENTON, FL 34203				
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
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: <i>[Signature]</i> DAVE MRAKOVICH 4/23/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					