

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31200

FILED  
Feb 25, 2007  
Secretary of State

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

**Current Principal Place of Business:**

9426 TARA CAY CT  
SEMINOLE, FL 34346

**New Principal Place of Business:**

**Current Mailing Address:**

9426 TARA CAY CT  
SEMINOLE, FL 34346

**New Mailing Address:**

**FEI Number:** 59-2991186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WINGEIER, ALEXANDER W  
9422 TARA CAY CT.  
SEMINOLE, FL 33776 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: PD ( ) Delete  
Name: LUETZOW, JOHN  
Address: 9475 TARA CAY DR  
City-St-Zip: SEMINOLE, FL 33776

Title: VPD ( ) Delete  
Name: BACHMEIER, JOE  
Address: 9419 TARA CAY DR  
City-St-Zip: SEMINOLE, FL 33776

Title: S ( ) Delete  
Name: GIBSON, PHIL  
Address: 9411 TARA CAY CT  
City-St-Zip: SEMINOLE, FL 33776

Title: TD ( ) Delete  
Name: WINGEIER, ALEXANDER W  
Address: 9422 TARA CAY DR  
City-St-Zip: SEMINOLE, FL 33776

Title: D ( ) Delete  
Name: SCHACHER, BETH T  
Address: 9410 TARA CAY CT  
City-St-Zip: SEMINOLE, FL 33776

Title: D ( ) Delete  
Name: MCCARTHY, ROBERT  
Address: 9434 TARA CAY DR  
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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: ALEXANDER W WINGEIER

TD

02/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date