2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N31200

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

Current Principal Place of Business:

9426 TARA CAY CT
SEMINOLE, FL 33776

New Principal Place of Business:

Current Mailing Address:

9426 TARA CAY CT
SEMINOLE, FL 33776

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	(X) Delete
Name:	SHERKER, KEVIN	
Address:	9442 TARA CAY CT	
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:	SD	(X) Change ( ) Addition
Name:	GIBSON, PHIL	
Address:	9411 TARA CAY CT	
City-St-Zip:	SEMINOLE, FL 33776	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	JOHNSON, CYNTHIA	
Address:	9444 TARA CAY CT	
City-St-Zip:	SEMINOLE, FL 33776	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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 04/27/2009

Electronic Signature of Signing Officer or Director — Date