

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31575 (6)

1. Corporation Name

TARA HOMEOWNERS ASSOCIATION I, INC.

Principal Place of Business

P.O. BOX 20253
BRADENTON FL 34203-0253

Mailing Address

P.O. BOX 20253
BRADENTON FL 34203-0253



3. Date Incorporated or Qualified
04/07/1989

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TIRSWAY, NORMAN
6702 STONERIVER RD
BRADENTON FL 34203**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME **MCCLOY, JAMES P.** ☐ DELETE
STREET ADDRESS **6802 STONERIVER RD**
CITY-ST-ZIP **BRADENTON FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME **D PRICE, BETTY E.** ☒ DELETE
STREET ADDRESS **6435 STONE RIVER RD.**
CITY-ST-ZIP **BRADENTON FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **BRAULT, SHIRLEY**
2.3 STREET ADDRESS **6409 STONE RIVER RD.**
2.4 CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE
NAME **P TIRSWAY, NORMAN** ☐ DELETE
STREET ADDRESS **6702 STONE RIVER RD**
CITY-ST-ZIP **BRADENTON FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME **D WILLIAMS, JOHN A.** ☒ DELETE
STREET ADDRESS **6508 STONE RIVER RD.**
CITY-ST-ZIP **BRADENTON FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **MAGGI EDWARD**
4.3 STREET ADDRESS **6710 STONE RIVER RD**
4.4 CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. P. McCloy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P. MCCLOY

3/29/96 (941) 755-1495
Date Daytime Phone #

CR2E037 (12/95)