

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE 1/236.25).

1997
236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT

1997



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

FILED

97 OCT -9 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31575 (6)

1. Corporation Name

TARA HOMEOWNERS ASSOCIATION I, INC.



Principal Place of Business

Mailing Address

P.O. BOX 20253
BRADENTON FL 34203-0253

P.O. BOX 20253
BRADENTON FL 34203-0253

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1989

3a. Date of Last Report

04/03/1996

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

29

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

FRANCIS BAKER

82

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

6913 STONE RIVER ROAD

83

84

City

BRADENTON

FL

85

Zip Code

34203

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

Francis T. Baker

9/12/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCCLOY, JAMES P.	
STREET ADDRESS	6802 STONERIVER RD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAULT, SHIRLEY	
STREET ADDRESS	6409 STONE RIVER RD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TIRSWAY, NORMAN	
STREET ADDRESS	6702 STONE RIVER RD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EDWARD, MAGGI	
STREET ADDRESS	6710 STONE RIVER RD	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		JACK WILLIAMS	
1.3 STREET ADDRESS		6514 STONE RIVER ROAD	
1.4 CITY-ST-ZIP		BRADENTON FL 34203	
2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	D	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		FRANCIS BAKER	
3.3 STREET ADDRESS		6913 STONE RIVER ROAD	
3.4 CITY-ST-ZIP		BRADENTON FL 34203	
4.1 TITLE	D	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		GEORGE GEIGLE	
4.3 STREET ADDRESS		6423 STONE RIVER ROAD	
4.4 CITY-ST-ZIP		BRADENTON FL 34203	
5.1 TITLE	D	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		MARGARET DI Ceglie	
5.3 STREET ADDRESS		6401 STONE RIVER ROAD	
5.4 CITY-ST-ZIP		BRADENTON FL 34203	
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE REQUIRED WILLIAMS 8/12/97 941 751-8815

CR2E037 (4/97)