

DOCUMENT # N31575

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0125427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRICE, KENNETH  
6435 STONE RIVER ROAD  
BRADENTON FL 34203

7. Name and Address of New Registered Agent

Name: Kenneth Price  
Street Address (P.O. Box Number is Not Acceptable)

6435 Stone River Rd  
City: Bradenton FL Zip Code: 34203

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	SERGEANT, EMMA JEAN	
STREET ADDRESS	6512 STONE RIVER RD	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWANSON, SALLY	
STREET ADDRESS	6442 STONE RIVER RD	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PRICE, KENNETH	
STREET ADDRESS	6435 STONE RIVER RD	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GEIGLE, GEORGE	
STREET ADDRESS	6423 STONE RIVER RD	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DICEGLIE, MARGARET	
STREET ADDRESS	6401 STONE RIVER RD	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Boudrie	
STREET ADDRESS	6768 Stone River Rd	
CITY-ST-ZIP	Bradenton, FL 34203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90040 044 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)