

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR -4 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N31575

1. Corporation Name

TARA HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

3. Mailing Office Address

6542 Stone River Rd.
Suite, Apt. #, etc.

Bradenton, FL 34203
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-7-89

5. FEI Number

65-0125427

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

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

6442 Stone River Rd.
Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34203

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Sally Swanson

REGISTERED AGENT MUST SIGN

Date

2/12/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	DP Sally Swanson	6442 Stone River Rd.	Bradenton, FL 34203
Treas.	D Emma Jean Sargent	6542 Stone River Rd.	Bradenton, FL 34203
Sec.	DS Margaret DiCeglie	6404 Stone River Rd.	Bradenton, FL 34203
Soc. Sec.	Janet Eddings	6447 Stone River Rd.	Bradenton, FL 34203
V. Pres.	Jack Boudrie	6708 Stone River Rd.	Bradenton FL 34203

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-02

941-758-7682

CR2E081 (9/01)