2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 06, 2004 8:00 am Secretary of State DOCUMENT # N31575 05-06-2004 90159 048 ****61.25 TARA HOMEOWNERS ASSOCIATION I, INC. Principal Place of Business Mailing Address 6512 STONE RIVER ROAD BRADENTON FL 34203 6512 STONE RIVER ROAD BRADENTON FL 34203 CUGACUPU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 65-0125427 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BLOOM, JONOTHAN** Street Address (P.O. Box Number is Not Acceptable) 6606 STONE RIVER RD **BRADENTON FL 34203** Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Trees. TITLET PCS. Delete ☐ Change **Addition** SERGENT, EMMA JEAN Jonathan Bloom NAME NAME 6512 STONE RIVER RD STREET ADDRESS STREET ADDRESS 6606 STone Riven Rd **BRADENTON FL 34203** CITY-ST-ZIP CITY-ST-ZIP radenton F1 34203 DP TITLE ☐ Change ☐ Addition Delete 3 mr SWANSON, SALLY NAME NAME 6442 STONE RIVER RD STREET ADDRESS STREET ADDRESS **BRADENTON FL 34203** CITY-ST-ZIF CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE BOUDRIE, JACK NAME 6417 STONE RIVER RD STREET ADDRESS STREET ADDRESS BRADENTON FL 34203 CITY-ST-7IP CITY-ST-ZIP TITLE 🗷 Delete TITLE ☐ Change ☐ Addition EDDINGS, JANET NAME NAME 6417 STONE RIVER RD STREET ADDRESS STREET ADDRESS BRADENTON FL 34203 CiTY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition DICEGLIE, MARGARET NAME NAME 6401 STONE RIVER RD STREET ADDRESS STREET ADDRESS **BRADENTON FL 34203** CITY-ST-ZIP CITY-ST-ZIP ITHE Sac. Janet Bloom 6606 Stone RiverRd ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Bradenton M 34203 CITY-ST-ZIP 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

Emma Scan SargenT

FILED