


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # N31575 1. Entity Name TARA HOMEOWNERS ASSOCIATION I, INC.	
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Principal Place of Business 6606 STONE RIVER ROAD BRADENTON, FL 34203 US	Mailing Address 6606 STONE RIVER ROAD BRADENTON, FL 34203 US
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DO NOT WRITE IN THIS SPACE

01052008 No Chg-NP CR2E037 (4/06)

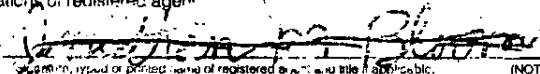
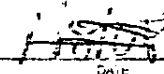
4. FEI Number 65-0125427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLOOM, JONATHAN
6606 STONE RIVER RD
BRADENTON, FL 34203

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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  DATE 

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U00000778795
01/11/08-80011-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLOOM, JONATHAN 6606 STONE RIVER RD BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLOOM, JONATHAN 6606 STONE RIVER RD BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLOOM, JANET 6606 STONE RIVER RD BRADENTON, FL 34203
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  1/8/08 941-753-8359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #