

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31575

FILED
Jan 13, 2009
Secretary of State

Entity Name: TARA HOMEOWNERS ASSOCIATION I, INC.

Current Principal Place of Business:

6606 STONE RIVER ROAD
BRADENTON, FL 34203 US

New Principal Place of Business:

Current Mailing Address:

6606 STONE RIVER ROAD
BRADENTON, FL 34203 US

New Mailing Address:

FEI Number: 65-0125427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOM, JONATHAN
6606 STONE RIVER RD
BRADENTON, FL 34203 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BLOOM, JONATHAN
Address: 6606 STONE RIVER RD
City-St-Zip: BRADENTON, FL 34203

Title: DP () Delete
Name: BLOOM, JONATHAN
Address: 6606 STONE RIVER RD
City-St-Zip: BRADENTON, FL 34203

Title: S () Delete
Name: BLOOM, JANET
Address: 6606 STONE RIVER RD
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN M. BLOOM

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

Date