

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90096 034 ****61.25

DOCUMENT # N31575

1. Entity Name

TARA HOMEOWNERS ASSOCIATION I, INC.



Principal Place of Business

**6512 STONE RIVER ROAD
BRADENTON FL 34203
US**

Mailing Address

**6512 STONE RIVER ROAD
BRADENTON FL 34203
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**SWANSON, SALLY
6442 STONE RIVER ROAD
BRADENTON FL 34203**

7. Name and Address of New Registered Agent

Name **Jonathan Bloom**
Street Address (P.O. Box Number is Not Acceptable)
6606 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jonathan M. Bloom

1/15/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	SERGEANT, EMMA JEAN	
STREET ADDRESS	6512 STONE RIVER RD	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	SOC	<input type="checkbox"/> Delete
NAME	SWANSON, SALLY	
STREET ADDRESS	6442 STONE RIVER RD	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOUDRIE, JACK	
STREET ADDRESS	6417 STONE RIVER RD	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	SOC	<input type="checkbox"/> Delete
NAME	EDDINGS, JANET	
STREET ADDRESS	6417 STONE RIVER RD	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonathan Bloom	
STREET ADDRESS	6606 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		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janet Bloom	
STREET ADDRESS	6606 Stone River Rd	
CITY-ST-ZIP	Bradenton, FL 34203	
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 another like empowered.

SIGNATURE:

Emma Jean Sargent

1-6-03

941 758 9682

CR2E037 (10/02)