

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Bandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33242** (1)

1. Corporation Name

**TARA HOMEOWNERS ASSOCIATION II, INC.**



Principal Place of Business <b>BOX 20022 BRADENTON FL 34203</b>	Mailing Address <b>BOX 20022 BRADENTON FL 34203</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified  
**07/14/1989**

4. FEI Number  
**65-0133550**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**CONRAD L. REBER  
6503 DREWRY BLUFF  
BRADENTON FL 34203**

10. Name and Address of New Registered Agent  
81 Name **RICHARD MOWRY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6807 DREWRY BLUFF**  
83 City **BRADENTON** FL 85 Zip Code **34203**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Richard Mowry* **Richard Mowry** **3-23-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD CONRAD L. REBER 6503 DREWRY BLUFF BRADENTON FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD KORB, DAVE 6905 DREWRY BLUFF BRADENTON FL 34203</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD MURPHY, IRMA 6907 DREWRY BLUFF BRADENTON FL 34203</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD HIRTZER, JERRY 6903 DREWRY BLUFF BRADENTON FL 34203</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD BOSSHARDT, FRED 6911 DREWRY BLUFF BRADENTON FL 34203</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>PRES. D ANNE SPRINGER 6430 STONE RIVER ROAD BRADENTON, FL 34203</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>V PRES D JAMES PERRY 6802 DREWRY BLUFF BRADENTON, FL 34203</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>SEC. D RICHARD MOWRY 6807 DREWRY BLUFF BRADENTON, FL 34203</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>TRES. D JULIA BOSSHARDT 6911 DREWRY BLUFF BRADENTON, FL 34203</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>S. D PATRICIA GRATTON 6411 DREWRY BLUFF BRADENTON, FL. 34203</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Irma J. Murphy* **3/21/98** **258-8876**

CR2E037 (10/97)