


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 19, 1999 8:00 am  
Secretary of State

02-19-1999 90070 009 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N33242**

1. Corporation Name

**TARA HOMEOWNERS ASSOCIATION II, INC.**

Principal Place of Business

BOX 20022  
BRADENTON FL 34203

Mailing Address

BOX 20022  
BRADENTON FL 34203



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	07/14/1989	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	65-0133550	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing	\$5.00 May Be Added to Fees
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOWRY, RICHARD**  
**6807 DREWRY'S BLUFF**  
**BRADENTON FL 34203**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*J. Boshardt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/99 (941) 727-1830

CR2E037 (1/98)