

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90046 042 \*\*\*\*61.25

**DOCUMENT # N33242**

1. Entity Name

**TARA HOMEOWNERS ASSOCIATION II, INC.**

Principal Place of Business

Mailing Address

**BOX 20022  
 BRADENTON FL 34203**

**BOX 20022  
 BRADENTON FL 34203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0133550**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALEBRA, JOSPEH  
 6417 DREWRY'S BLUFF  
 BRADENTON FL 34203**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SPRINGER, ANNE	
STREET ADDRESS	6430 STONE RIVER ROAD	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PERRY, JAMES	
STREET ADDRESS	6802 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOWRY, RICHARD	
STREET ADDRESS	6807 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOSSHARDT, JULIA	
STREET ADDRESS	6911 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRATTON, PATRICA	
STREET ADDRESS	6411 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH MALEBRA	
STREET ADDRESS	6417 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	VIC PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN F MURPHY	
STREET ADDRESS	6907 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OREST PAULOVYCH	
STREET ADDRESS	6411 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN F MURPHY	
STREET ADDRESS	6907 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA MALEBRA	
STREET ADDRESS	6417 DREWRY'S BLUFF	
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 all other like empowered.

**SIGNATURE:** *John F. Murphy* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/1

941-758-8876

CR2E037 (10/00)