


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90307 042 ****61.25

DOCUMENT # N37109					
1. Entity Name TARA WOODS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2600 TARA LAKES CIR. NO. FORT MYERS, FL 33917			Mailing Address 240 SOUTH PINEAPPLE AVE. PO BOX 49948 SARASOTA, FL 34236-6748		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01302006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 57-2796502	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GORDON, SCOTT E 240 SOUTH PINEAPPLE AVE. SARASOTA, FL 34236			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, RICHARD		NAME	GABRYS, DON	
STREET ADDRESS	19760 COTTONFIELD RD		STREET ADDRESS	2970 TARA BLVD	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GABRYS, DON		NAME	MILLETTE, FRANK	
STREET ADDRESS	2970 TARA BLVD.		STREET ADDRESS	19519 COTTON BAY	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	S	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, AUDREY		NAME	HEIDMOS, RON	
STREET ADDRESS	19455 OMEGA ROAD		STREET ADDRESS	19476 OMEGA DR	
CITY-ST-ZIP	N. FORT MYERS, FL 33917		CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	T	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONGDON, RAYMOND J.		NAME	SARNO, JOSEPH	
STREET ADDRESS	19726 KARA CIRCLE		STREET ADDRESS	2924 STEAMBOAT LOOP	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP	NORTH FT MYERS FL 33917	
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEETZ, JOAN		NAME		
STREET ADDRESS	19614 SAVANNAH RD.		STREET ADDRESS		
CITY-ST-ZIP	N. FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUHLFUERST, FRED		NAME		
STREET ADDRESS	2837 TARA LAKES CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	N. FORT MYERS, FL 33917		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>RJ Congdon</u>		(RJCONGDON)		Date: 4/8/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone: 839-731 7203	