


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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 57-2796502	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORDON, SCOTT E 240 SOUTH PINEAPPLE AVE. SARASOTA, FL 34236			7. Name and Address of New Registered Agent 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 NAME STREET ADDRESS CITY-ST-ZIP	P WEISS, RICHARD 19760 COTTONFIELD RD NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GABRYS, DON 2970 TARA BLVD NORTH FORT MYERS FL 33917	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GABRYS, DON 2970 TARA BLVD. NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MILLETTE, FRANK 19519 COTTON BAY NORTH FORT MYERS FL 33917	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, AUDREY 19455 OMEGA ROAD N. FORT MYERS, FL 33917	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HEIDMOS, RON 19476 OMEGA DR NORTH FORT MYERS FL 33917	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONGDON, RAYMOND J. 19726 KARA CIRCLE NORTH FORT MYERS, FL 33917	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SARNO, JOSEPH 2924 STEAMBOAT LOOP NORTH FT MYERS FL 33917	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PEETZ, JOAN 19614 SAVANNAH RD. N. FORT MYERS, FL 33917	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUHLFURST, FRED 2837 TARA LAKES CIRCLE N. FORT MYERS, FL 33917	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			(RJCONGDON) 4/8/2006 839-731 <small>Date Daytime Phone</small>		