


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90072 045 ****70.00

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

50001280



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address,
 Suite, Apt. #, etc.
 City & State
 Zip

2600 TARA LAKES CIR
NO FORT MYERS
FL
33917

01312008 Chg-NP CR2E037 (12/06)

4. FEI Number
 57-2796502

5. Certificate of Status Desired **\$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 **FRED PUHLFUERST**
 Street Address (P.O. Box Number is Not Acceptable)
2600 TARA LAKES CIRCLE
 City **NO FT MYERS** FL Zip Code **33917**

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 *Fred Puhl fuerst President* DATE *3/11/2008*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2008**

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

Make check payable to **Florida Department of State.**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | DALY, JANET | |
| STREET ADDRESS | 2590 TARA BLVD | |
| CITY-ST-ZIP | NORTH FORT MYERS, FL 33917 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MILLETTE, FRANK | |
| STREET ADDRESS | 19519 COTTON BAY | |
| CITY-ST-ZIP | NORTH FORT MYERS, FL 33917 | |
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | LOUD, EVELYN | |
| STREET ADDRESS | 2857 DARWIN ST | |
| CITY-ST-ZIP | N. FORT MYERS, FL 33917 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CONGDON, RAYMOND J. | |
| STREET ADDRESS | 19726 KARA CIRCLE | |
| CITY-ST-ZIP | NORTH FORT MYERS, FL 33917 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HEIDMOUS, RON | |
| STREET ADDRESS | 19476 OMEGA RD | |
| CITY-ST-ZIP | N. FORT MYERS, FL 33917 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PUHLFUERST, FRED | |
| STREET ADDRESS | 2837 TARA LAKES CIRCLE | |
| CITY-ST-ZIP | N. FORT MYERS, FL 33917 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BRDA, LEE | |
| STREET ADDRESS | 19264 POTOMAC CIRCLE | |
| CITY-ST-ZIP | NO FT MYERS FL 33917 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KATZ, MILTON | |
| STREET ADDRESS | 19675 WOODFIELD CIRCLE | |
| CITY-ST-ZIP | NO FT MYERS FL 33917 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 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: *R J Congdon* DATE *3/11/2008* DAYTIME PHONE # *239-721-7203*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR