


FILE NOW: FILING FEE IS \$61.25

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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90038 006 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N37652					
1. Corporation Name TARA HOMEOWNERS ASSOCIATION III, INC.					
Principal Place of Business 6920 PLEASANT HILL RD BRADENTON FL 34203 US			Mailing Address PO BOX 20264 BRADENTON FL 34203-0264 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/12/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0185271	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VONDA, JOHNSON 6920 PLEASANT HILL 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 Vonda M. Johnson (NOTE: Registered Agent signature required when reinstating) DATE March 23, 1999

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME PD STREET ADDRESS JOHNSON, VONDA CITY-ST-ZIP 6920 PLEASANT HILL RD BRADENTON FL				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME VD STREET ADDRESS CAMPBELL, BECKY CITY-ST-ZIP 6818 PLEASANT HILL RD BRADENTON FL				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE NAME TD STREET ADDRESS CAMPBELL, DICK CITY-ST-ZIP 6818 PLEASANT HILL RD BRADENTON FL				3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME TD 3.3 STREET ADDRESS JANSON, ROBERT 3.4 CITY-ST-ZIP 7003 PLEASANT HILL RD. BRADENTON, FL			
TITLE <input type="checkbox"/> DELETE NAME SD STREET ADDRESS HEYL, ANN CITY-ST-ZIP 6905 PLEASANT HILL RD BRADENTON FL				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE NAME D STREET ADDRESS WINEIGER, ALICIA CITY-ST-ZIP 7011 PLEASANT HILL RD BRADENTON FL				5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME D 5.3 STREET ADDRESS CAROLE BYRD 5.4 CITY-ST-ZIP 6814 PLEASANT HILL RD. BRADENTON, FL			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: Vonda M. Johnson SIGNATURE REQUIRED March 23, 1999 941-739-3641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)