

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38814

FILED
Apr 18, 2008
Secretary of State

Entity Name: THE VILLAGE AT TARA ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

FEI Number: 65-0203291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

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: JAMES W HART JR

04/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SHEEHAN, PATRICK
Address: 6912 DREWRY'S BLUFF #608
City-St-Zip: BRADENTON, FL 34203

Title: VPD () Delete
Name: PETERS, JAMES
Address: 6908 DREWRY'S BLUFF #711
City-St-Zip: BRADENTON, FL 34203

Title: TD () Delete
Name: CLARK, FRANK
Address: 6908 DREWRY'S BLUFF # 702
City-St-Zip: BRADENTON, FL 34203

Title: PD (X) Delete
Name: HORSEMAN, BRUCE
Address: 6912 DREWRY'S BLUFF # 606
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HORSEMAN, BRUCE
Address: 6912 DREWRY'S BLUFF #606
City-St-Zip: BRADENTON, FL 34203

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change () Addition
Name: CLARK, FRANK
Address: 6908 DREWRY'S BLUFF # 702
City-St-Zip: BRADENTON, FL 34203

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE HORSEMAN

PD

04/18/2008

Electronic Signature of Signing Officer or Director

Date