

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 31, 2012**  
**Secretary of State**

DOCUMENT# N42151

**Entity Name:** TARA CAY III HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US HWY 19, SUITE 7Q  
NEW PORT RICHEY, FL 34652 US**New Principal Place of Business:**3602 HENDERSON BLVD  
TAMPA, FL 33609 US**Current Mailing Address:**QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US HWY 19, SUITE 7Q  
NEW PORT RICHEY, FL 34652 US**New Mailing Address:**3602 HENDERSON BLVD  
TAMPA, FL 33609 US**FEI Number:** 65-0260495**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US HWY 19 N.  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US**Name and Address of New Registered Agent:**AMG TAMPA BAY  
3602 HENDERSON BLVD.  
TAMPA, FL 33609 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: JAY FINK

05/31/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: KING, RAY  
Address: 5901 US HWY 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP  
Name: REGAN, MARY BETH  
Address: 5901 US HWY 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SEC  
Name: FAIRLEY, ALISHA  
Address: 5901 US HWY 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TREA  
Name: IRWIN, BILL  
Address: 5901 US HWY 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: DIR  
Name: DIXON, SANDRA  
Address: 5901 US HWY 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby 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 all other like empowered.

SIGNATURE: RAY KING

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05/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date