5 5 - 5

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N45323

VILLAS AT TARA CONDOMINIUM ASSOCIATION, INC.



FILED

Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90221 042 ****61.25

| | | | | TEST | | | | | | |
|---|---|--|---------------------------------------|-----------------|---|--|--------------|--|--|--|
| Principal Place of Business C/O CONDOMINIUM MANAGEMENT, INC 1801 GLENGARY ST SARASOTA, FL 34231-0603 | | Mailing Address C/O CONDOMINIUM MANAGEMENT, INC 1801 GLENGARY ST SARASOTA, FL 34231-0603 | | - 10100 | · ∾ U | | | | | |
| | | | | | | | | | | |
| | lace of Business VE Communisty Mant In | 3. Mailing Address Froaressive Commu | Initi. Mani | + Ta | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | J, | 4 244 | 01222004 Chg-NP | CR2E037 (10/03) | | | | |
| 1801 6 City & State | leneary Street | 1801 Glengar | ry Stre | et | 4. FEI Number | I IAc | plied For | | | |
| Saras | | Sarasota | <u>ř</u> L | | 65-0285455 | <u> </u> | t Applicable | | | |
| 3423 | Country USA | 34231 | Country U.S.A | | 5. Certificate of Status Desired | See Require | | | | |
| 5125 | 6. Name and Address of Current | | | | 7. Name and Address of New F | Registered Agent | | | | |
| CONDOMI 1801 GLEI SARASOT | Street Address (P.O. Box Number is Not Acceptable) 180 Glengary Street | | | | | | | | | |
| | | | City < | 0.00 | 15,40 | FL Zip Cod | e n ⊃ i | | | |
| 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 at the obligations of registered agent. | | | | | | | | | | |
| SIGNATURE Signature peof or grinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE | | | | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Camp. Trust Fund Cor | - | | WG.OG WAY DE | Make check payable t rida Department of S | | | | |
| 10. | OFFICERS AND DIF | | 11. | | ADDITIONS/CHANGES TO OFFICE | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | STD MANDELL, GERALD 6932 STONEYWALK COURT BRADENTON, FL 34203 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | A5 180 50 | orkel, Jim Di Glengary Stre rasota FL 342 | □ Change Let 13 / | Addition | | | |
| TITLE | AS | ⊠ Delete | TITLE | AT | | ☐ Change | Addition | | | |
| NAME STREET ADDRESS | CLARK, P RICHARD 1801 GLENGARY STREET | | NAME STREET ADDRESS | 180 | rton, William I Glengary Stre | et . | | | | |
| CITY-ST-ZIP | SARASOTA, FL 34231 | | CITY-ST-ZIP | 500 | rasota FL 3423 | 3 (| | | | |
| TITLE | PD AMES JOHN N | ☐ Delete | TITLE NAME | | | ☐ Change | ☐ Addition | | | |
| NAME STREET ADDRESS | AMES, JOHN N 6929 STONEYWALK COURT | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | BRADENTON, FL 34203 | | City-St-ZIP | | | <u>-</u> | | | | |
| TITLE | VD GARDNER, RICHARD | ☐ Delete | TITLE NAME | | | ☐ Change | Addition | | | |
| STREET ADDRESS | 6906 STONEYWALK CT | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | BRADENTON, FL 34203 | | CITY-ST-ZIP | • | | | | | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | ☐ Change | ☐ Addition | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | T Addition | | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | ☐ Change | Addition | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | | |

12. 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 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.

CITY-ST-ZIP

| SI | GI | VΔ | TU | IR | F |
|----|----|----|----|----|---|
| | | | | | |

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-921-5393 Daytime Phone #

Date