

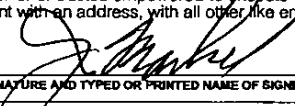


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90017 038 \*\*\*\*61.25

<b>DOCUMENT # N45323</b> 1. Entity Name <b>VILLAS AT TARA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>PROGRESSIVE COMMUNITY MGMT INC</b> <b>1801 GLENGARY ST</b> <b>SARASOTA, FL 34231</b>			Mailing Address <b>PROGRESSIVE COMMUNITY MGMT INC</b> <b>1801 GLENGARY ST</b> <b>SARASOTA, FL 34231</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>40073301</b> 	
City & State  Zip		City & State  Zip		4. FEI Number <b>65-0285455</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>PROGRESSIVE COMMUNITY MGMT INC</b> <b>1801 GLENGARY ST</b> <b>SARASOTA, FL 34231-0603</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANDELL, GERALD 6932 STONEYWALK COURT BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD   	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, SCOTT 6909 STONEYWALK COURT BRADENTON, FL 34203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANDERPOOL, LINDA 6918 STONEYWALK COURT BRADENTON, FL 34203	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAY, EDGAR JR 6950 STONEYWALK COURT BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD   	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY ST SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAGER, WILLIAM 6934 STONEYWALK COURT BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>  <b>Jim MARKEL</b> <b>4/16/07</b> <b>941-921-5393</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					