


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90228 034 ****61.25

DOCUMENT # N49083 1. Entity Name TERRACES 4 OF TARA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044 US		Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044 US	
2. Principal Place of Business - No P.O. Box # 6307 Stone River Rd Suite, Apt. #, etc.		3. Mailing Address 4301 32nd St W Suite, Apt. #, etc. # A20	
City & State Bradenton FL		City & State Bradenton FL	
Zip 34203	Country USA	Zip 34205	Country USA
4. FEI Number 65-0337352		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HART, JAMES W JR. 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044		7. Name and Address of New Registered Agent Name Cds Condo Mgmt Street Address (P.O. Box Number is Not Acceptable) 4301 32nd St W # A20 City Bradenton FL Zip Code 34205	
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 <u>Cds Condo Mgmt, Shire Brown VP</u> <u>3-27-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LENTZ, ROBERT 6507 STONE RIVER ROAD, # 204 BRADENTON, FL 34203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TURNER, FREDERICK C 6507 STONE RIVER RD., UNIT 208 BRADENTON, FL 34203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MR. DAVID MRAKOVICH 6507 STONE RIVER RD UNIT #307 BRADENTON, FL 34203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKEL, JIM 1801 GLENGARY ST. BRADENTON, FL 34203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Richard Schwerdtfeger 6507 Stone River Rd # 107 Bradenton FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOCSIS, KATHERINE H MRS. 6507 STONE RIVER ROAD UNIT #109 BRADENTON, FL 34203	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.			
SIGNATURE: <u>David MRAKOVICH</u> <u>4/16/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			