


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90056 022 \*\*\*\*61.25

<b>DOCUMENT # N50388</b> 1. Entity Name <b>TARA COMMERCIAL COMMONS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2666 AIRPORT ROAD SOUTH NAPLES, FL 34112</b>			Mailing Address <b>2666 AIRPORT ROAD SOUTH NAPLES, FL 34112</b>		
2. Principal Place of Business - No P.O. Box # <b>3050 N. Horseshoe Drive</b>		3. Mailing Address <b>3050 N. Horseshoe Drive</b>			
Suite, Apt. #, etc. <b>Suite 105</b>		Suite, Apt. #, etc. <b>Suite 105</b>			
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>			
Zip <b>34104</b>		Country <b>Collier</b>		Zip <b>34104</b>	
Country <b>Collier</b>		4. FEI Number <b>65-0386982</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HIGGS, WILLIAM T. 2666 AIRPORT ROAD SOUTH NAPLES, FL 34112</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>3050 N. Horseshoe Drive</b> <b>Suite 105</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34104</b>		
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 \$61.25 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 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	DP HIGGS, WILLIAM T. <input type="checkbox"/> Delete 2666 AIRPORT RD. SOUTH NAPLES, FL 34112		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3050 N. Horseshoe Drive, Suite 105 Naples, FL 34104</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST HIGGS, ANTONIA <input type="checkbox"/> Delete 2666 AIRPORT RD. SOUTH NAPLES, FL 34112		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3050 N. Horseshoe Drive, Suite 105 Naples, FL 34104</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV AGNELLI, JOHN <input type="checkbox"/> Delete 2666 AIRPORT RD. SOUTH NAPLES, FL 34112		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3050 N. Horseshoe Drive, Suite 105 Naples, FL 34104</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<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> <i>William T. Higgs</i> <b>William T. Higgs</b> <b>3/15/07 (239) 775-2230</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					