

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N50388

1. Entity Name
TARA COMMERCIAL COMMONS ASSOCIATION, INC.



Principal Place of Business
**3050 N HORSESHOE DRIVE
SUITE 105
NAPLES, FL 34104**

Mailing Address
**3050 N HORSESHOE DRIVE
SUITE 105
NAPLES, FL 34104**



03262008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0386982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**HIGGS, WILLIAM T.
3050 N HORSESHOE DRIVE
SUITE 105
NAPLES, FL 34104**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HIGGS, WILLIAM T. 3050 N HORSESHOE DRIVE, SUITE 105 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST HIGGS, ANTONIA 3050 N HORSESHOE DRIVE, SUITE 105 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV AGNELLI, JOHN 3050 N HORSESHOES DRIVE, SUITE 105 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000923564
05/16/08-80035-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08 233.775.2230

Date

Daytime Phone #