2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50388

FILED Apr 24, 2009 Secretary of State

Entity Name: TARA COMMERCIAL COMMONS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3050 N HORSESHOE DRIVE 3050 N HORSESHOE DRIVE SUITE 105 SUITE 105 NAPLES, FL 34104 NAPLES, FL 34104 **Current Mailing Address:** New Mailing Address: 3050 N HORSESHOE DRIVE 3050 N HORSESHOE DRIVE SUITE 105 SUITE 105 NAPLES, FL 34104 NAPLES, FL 34104 US FEI Number: 65-0386982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HIGGS, WILLIAM T HIGGS, WILLIAM T PRES 3050 N HORSESHOE DRIVE 3050 N HORSESHOE DRIVE SUITE 105 SUITE 105 NAPLES, FL 34104 US NAPLES, FL 34104 US 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. SIGNATURE: WILLIAM T. HIGGS 04/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HIGGS, WILLIAM T. Name: Name: 3050 N HORSESHOE DRIVE, SUITE 105 Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: VST () Delete Title: VST (X) Change () Addition HIGGS, ANTONIA Name: HIGGS, ANTONIA Name: Address: 3050 N HORSESHOE DRIVE, SUITE 105 Address: 3050 N HORSESHOE DRIVE, SUITE 105 City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 US Title: () Delete Title: DV (X) Change () Addition AGNELLI, JOHN Name: AGNELLI, JOHN Name: 3050 N HORSESHOES DRIVE, SUITE 105 3050 N HORSESHOES DRIVE, SUITE 105 Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 US Title: () Delete Title: () Change (X) Addition Name: Name: BRZOZOWSKI, KAREN 3050 N. HORSESHOE DRIVE, SUITE 105 Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34104 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. HIGGS PRES 04/24/2009