


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90207 018 \*\*\*\*61.25

<b>DOCUMENT #</b> N93000000232	
<b>1. Entity Name</b> THE FRENCH QUARTERS AT TARA HOMEOWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> 6905 CHICKASAW BAYOU BRADENTON FL 34203 US	<b>Mailing Address</b> 6905 CHICKASAW BAYOU BRADENTON FL 34203 US
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<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc. City & State Zip	<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E037 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  BOUGHTON, MARY F 6905 CHICKASAW BAYOU BRADENTON FL 34203	
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<b>4. FEI Number</b> 65-0584238	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$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	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> SHUFORD, JAMES E 7008 CHICKSAW BAYOU ROAD BRADENTON FL 34203 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> DATZ, GILBERT 6902 CHICKSAW BAYOU ROAD BRADENTON FL 34203 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> BOUGHTON, MARY F 6905 CHICKASAW BAYOU BRADENTON FL 34203 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> MCALEAR, ALLAN 7012 CHICKASAW BAYOU BRADENTON FL 34203 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> HAUSCH, ELIZABETH 7011 CHICKSAW BAYOU ROAD BRADENTON FL 34203 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> 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 Section 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:** MARY F. BOUGHTON / Mary F. Boughton 4/13/07 (941) 753-5896