

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005165

FILED
Jan 21, 2010
Secretary of State

Entity Name: TARA CAY SOUND, SOUTH VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O QUALIFIED PROPERTY MGT.
1301 SEMINOLE BLVD. #110
LARGO, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

C/O QUALIFIED PROPERTY MGT.
1301 SEMINOLE BLVD. #110
LARGO, FL 33770 US

New Mailing Address:

FEI Number: 59-3212606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MGT. INC.
5901 US 19 N.
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD
Name: ROTHBART, DAVID
Address: 9899 INDIAN KEY TR
City-St-Zip: SEMINOLE, FL 33776

Title: SD
Name: ALBRITTON, DONALD
Address: 9920 INDIAN KEY TRAIL
City-St-Zip: SEMINOLE, FL 33776

Title: PD
Name: NOTTER, CONI
Address: 9940 INDIAN KEY TRAIL
City-St-Zip: SEMINOLE, FL 33776

Title: D
Name: RISSIN, JEFFREY
Address: 9929 INDIAN KEY TRAIL
City-St-Zip: SEMINOLE, FL 33776

Title: TD
Name: BATES, DAVID
Address: 9890 INDIAN KEY TRL
City-St-Zip: SEMINOLE, FL 33776

I hereby 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 all other like empowered.

SIGNATURE: CONI NOTTER

PD

01/21/2010

Electronic Signature of Signing Officer or Director

Date