

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JUN 30 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001745 (8)

1. Corporation Name

**TARA PLANTATION GARDENS CONDOMINIUM ASSOCIATION,
INC.**

Principal Place of Business

5520 FAIR OAKS ST.
BRADENTON FL 34203

Mailing Address

5520 FAIR OAKS ST.
BRADENTON FL 34203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1994

3a. Date of Last Report

4. FEI Number

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 2666 AIRPORT RD. SOUTH

27 Suite, Apt. #, etc.

28 City & State

NAPLES FL

29 Zip

33962

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**FILING FEE IS
\$61.25**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CRANE, MICHAEL E
4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

HIGGS, WILLIAM T.

82 Street Address (P.O. Box Number is Not Acceptable)

2666 AIRPORT ROAD SOUTH

83

84 City

NAPLES

FL

85 Zip Code

33962

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

William T. Higgs

(NOTE: Registered Agent signature required when reinstating)

6/26/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HIGGS, WILLIAM T
STREET ADDRESS	2666 AIRPORT RD. SOUTH
CITY - ST - ZIP	NAPLES FL 33962
TITLE	DS
NAME	HIGGS, ANTONIA
STREET ADDRESS	2666 AIRPORT RD. SOUTH
CITY - ST - ZIP	NAPLES FL 33962
TITLE	DT
NAME	SPREHN, SUSAN M
STREET ADDRESS	2666 AIRPORT RD. SOUTH
CITY - ST - ZIP	NAPLES FL 33962
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	DT
33 STREET ADDRESS	SCHENBERGER, ANTHONY L.
34 CITY - ST - ZIP	2666 AIRPORT ROAD SOUTH NAPLES, FL 33962
41 TITLE	☐ Change ☒ Addition
42 NAME	DVP
43 STREET ADDRESS	LOIACANO, MATTHEW J.
44 CITY - ST - ZIP	2666 AIRPORT ROAD SO. NAPLES, FL 33962
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *

William T. Higgs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM T. HIGGS, PRESIDENT

6/26/95

(941) 775-2280