FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 26, 2001 8:00 am DOCUMENT # N9400001745 Secretary of State 1. Entity Name 03-26-2001 90056 025 ****61.25 TARA PLANTATION GARDENS CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address 5485 FAIR OAKS ST 5490 FAIR OAKS ST **BRADENTON FL 34203 BRADENTON FL 34282** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0547466 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HENNEBERRY, STEPHEN W 5485 FAIR OAKS ST **BRADENTON FL 34203** Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change | Addition TITLE ☐ Delete HENNEBERRY, STEPHEN NAME STREET ADDRESS 5485 FAIR OAKS ST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change ABELSON, IRA NAME STREET ADDRESS STREET ADDRESS 5414 FAIR OAKS ST. CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34203 TITLE ☐ Delete TITLE ☐ Change ☐ Addition GILLIGAN, HARRY STREET ADDRESS 5469 FAIR OAKS ST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP Addition TITLE ☐ Celete ☐ Change FRED SCHWEFRINGHAUS NAME OLOFSON, ROBERT NAME SSYT FAIR OAKS ST STREET ADDRESS 5406 FAIR OAKS ST STREET ADDRESS BRADENTON FL 34203 CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34203** TITLE Delete TITLE ROBERT POLAN NAME NAME 35L GREEN OAKS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

DEBUTE STEPHENW. HENNEDERRY 3/1/01