2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006157

Entity Name: TARA PHASE II-B ASSOCIATION, INC.

FILED Jan 09, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7180 DREWAYS BLUFF 7144 DREWRY'S BLUFF BRADENTON, FL 342038007 BRADENTON, FL 34203

Current Mailing Address: New Mailing Address:

7282 55TH AVE. E. PMB 212

BRADENTON, FL 342038002

FEI Number: 65-0583296 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:

MCFADDEN, DANIEL MOELLER, BENT
5902 SAYLERS CREEK CT 7144 DREWRY'S BLUFF
BRADENTON, FL 34203 US BRADENTON, FL 34203 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: BENT MOELLER 01/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: C (X) Change () Addition
Name: NEAL GORDON Name: BENT. MOELLER

 Name:
 NEAL, GORDON
 Name:
 BENT, MOELLER

 Address:
 7168 DREWRY'S BLUFF
 Address:
 7144 DREWRY'S BLUFF

 City-St-Zip:
 BRADENTON, FL 34203
 City-St-Zip:
 BRADENTON, FL 34203

Title: P () Delete Title: () Change () Addition

 Name:
 PORTER, EDWARD
 Name:

 Address:
 5815 WHITE OAK BAYOU CT
 Address:

 City-St-Zip:
 BRADENTON, FL 34203
 City-St-Zip:

Title: V () Delete Title: () Change () Addition

 Name:
 CHADWICK, PRISCILLA
 Name:

 Address:
 7180 DREWAY'S BLUFF
 Address:

 City-St-Zip:
 BRADENTON, FL 34203
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 MEYER, MARIAN
 Name:
 MICHOCIK, MELANIE

 Address:
 5906 SAYLER'S CREEK CT
 Address:
 7160 DREWRY'S BLUFF

 City-St-Zip:
 BRADENTON, FL 34203
 City-St-Zip:
 BRADENTON, FL 34203

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: BENT MOELLER C 01/09/2009