

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

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90041 023 ****70.00

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1. Entity Name

TARA PHASE I, UNIT 7 ASSOCIATION, INC.



Principal Place of Business

6409 TURNERS GAP ROAD
BRADENTON FL 34203
US

Mailing Address

6409 TURNERS GAP ROAD
BRADENTON FL 34203
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEFFERSON, THOMAS V
6409 TURNERS GAP ROAD
BRADENTON FL 34203

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

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

NAME	DP	<input type="checkbox"/> Delete
NAME	SCOTT, THOMAS	
STREET ADDRESS	6405 TURNERS GAP ROAD	
CITY- ST- ZIP	BRADENTON FL 34203	
NAME	STD	<input type="checkbox"/> Delete
NAME	LEFFERSON, THOMAS V	
STREET ADDRESS	6409 TURNERS GAP ROAD	
CITY- ST- ZIP	BRADENTON FL 34203	
NAME	VPD	<input type="checkbox"/> Delete
NAME	NOLAN, ROBERT	
STREET ADDRESS	6421 TURNERS GAP ROAD	
CITY- ST- ZIP	BRADENTON FL 34203	
NAME	VPD	<input type="checkbox"/> Delete
NAME	VANDEWATER, GERRY	
STREET ADDRESS	6507 TURNERS GAP ROAD	
CITY- ST- ZIP	BRADENTON FL 34203	
NAME	VD	<input checked="" type="checkbox"/> Delete
NAME	LOIS, KURTZ	
STREET ADDRESS	6406 TURNERS GAP RD	
CITY- ST- ZIP	BRADENTON FL 34203	
NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD
STREET ADDRESS	Kathy Medlosch
CITY- ST- ZIP	6311 TURNERS GAP RD
	BRADENTON, FL 34203
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:

Thomas V. Lefferson

Thomas V. LEFFERSON

TRUSTEE

1-18-07

941 7685232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #