

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90042 010 *****70.00

DOCUMENT # N95000000222 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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		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 LEFFERSON, THOMAS V 6409 TURNERS GAP ROAD BRADENTON FL 34203			
7. Name and Address of New Registered Agent 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 (complete) (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCOTT, THOMAS 6405 TURNERS GAP ROAD BRADENTON FL 34203 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOOLLEY, JOHN 6511 TURNERS GAP RD BRADENTON, FL 34203 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEFFERSON, THOMAS V 6409 TURNERS GAP ROAD BRADENTON FL 34203 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NOLAN, ROBERT 6421 TURNERS GAP ROAD BRADENTON FL 34203 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VANDEWATER, GERRY 6507 TURNERS GAP ROAD BRADENTON FL 34203 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEDOSCH, KATHY 6311 TURNERS GAP RD BRADENTON FL 34203 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		

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** 1-24-08