


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000001048 1. Entity Name TARA OF PINELLAS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 8741 CAITLYN COURT SEMINOLE, FL 33772	Mailing Address 8741 CAITLYN COURT SEMINOLE, FL 33772
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01272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3724079	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TYLER, MICHAEL 8741 CAITLYN COURT SEMINOLE, FL 33772

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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. <i>Renewal</i>	
SIGNATURE <i>Mike Tyler</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<i>President</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	<i>1/28/08</i> <small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000809169 02/08/08 00010 021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TYLER, MICHAEL 8741 CAITLYN COURT SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LASSO, DIEGO 8684 CAITLYN CT. SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADKINSON, SONDR 8797 CAITLYN COURT SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Sondra Adkinson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Treasurer/Secretary <i>1/28/08</i> <i>727-393-3267</i> <small>727 393-6661 ext 8095</small>