


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90038 011 ****61.25

DOCUMENT # N99000002470 1. Entity Name TARA II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 10034 W MCNAB RD TAMARAC, FL 33321		Mailing Address 10034 W MCNAB RD TAMARAC, FL 33321	
2. Principal Place of Business - No P.O. Box # 1750 University Drive Suite, Apt. #, etc. #205 City & State Coral Springs, FL Zip 33071 Country USA		3. Mailing Address 1750 University Drive Suite, Apt. #, etc. #205 City & State Coral Springs, FL Zip 33071 Country USA	
4. FEI Number 65-0917758		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MILES, JAMES R C/O CONSOLIDATED COMMUNITY MANAGEMENT 10034 W MCNAB RD TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name Chuck and Nicole Swift Street Address (P.O. Box Number is Not Acceptable) Swift Management Solutions, Inc. 1750 University Drive City Coral Springs FL Zip Code 33071	
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: <u>Lisa P. Krucker</u> DATE: <u>2/24/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	PD KRUCKER, LISA	<input type="checkbox"/> Delete	
STREET ADDRESS	10117 W ATLANTIC BLVD.		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		
TITLE	PD BUTLER, KENNETH	<input type="checkbox"/> Delete	
STREET ADDRESS	10137 W ATLANTIC BLVD.		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		
TITLE	VTD ALVAREDO, IRIS	<input type="checkbox"/> Delete	
STREET ADDRESS	10034 W MCNAB RD		
CITY-ST-ZIP	TAMARAC, FL 33321		
TITLE		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
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: <u>Lisa P. Krucker</u> DATE: <u>2/24/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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