Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90208 013 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

*PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1/70

	VIEW # V/U529					
1. Corporation Name TARA OAKS DEVELOPMENT COMPANY						
IAHA U	and development compa	ANT		. (86), 4)(8)(188), 88)(18)(4)(18) (18)4 (18)	. .	an men ikk
Principal Place	of Rusiness	Mailing Address		(100/1 01/01/ 108/1 08/01 8/118 /10/0 10/1 0/01/	. 	AN
·			40.4	·		
ONE BOCA PLACE. SUITE 319-A ONE BOCA PLACE. SUITE 3255 GLADES ROAD 2255 GLADES ROAD			15-A			
		BOCA RATON FL 33431		DO NOT WRITE IN THIS SPACE		
				3. Date incorporated or Qualifed		}
				10/07/1992		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		lied For
21		26		65-0372865		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ac Fee Req	
22		27				
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	•
Zip	Country	Zip	Country	8. This corporation owes the current year li		
24	25	·	30	Personal Property Tax.		JNo │
24	9. Name and Address of Current			10. Name and Address of New Registered	d Agent	
81 Name						
SCHROEDER, MICHAEL A.			82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
ONE BOCA PLACE, SUITE 319-A			OE Sliget Add	mess (r.o. box runnsor is run ruscopiasio)		
2255 GLADES ROAD			83			İ
BOCA RATON FL 33431			84 City		. 85 Zip Co	ode
			1 1 7	F	Lli	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose on so board of directors. I hereby accept the app	of changing its regi	egistered
office or re agent, I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	ก Florida. Such change was au ons of, Section 607.0505, Florid	tnonzed by the corporati da Statutes.	ion's board of directors. Thereby accept the app	Diffullent as regi	Stered
SIGNATURE				·		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F			Registered Agent signature require			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PSTD PILL D	☐ DELETE	1.1 TITLE		Change	
NAME	WINSHESTER, BILL R.		1.2 NAME		,	
STREET ADDRESS	9290 NICKELS BLVD		1.3 STREET ADDRESS	,		-
CITY-ST-ZIP	BOYNTON BCH FL VD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	[T] Addition
TITLE	SCHROEDER, MICHEAL A.		2.2 NAME			
NAME	2255 GLADES RD #319-A		2.3 STREET ADDRESS			
STREET ADDRESS	BOCA RATON FL		1			
CITY-ST-ZIP	BOOK PATOR IL	□ DELETE	2.4 CITY-ST-ZIP		Change	☐ Addition
NAME .		<u> </u>	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	•		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	·		
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	,		4.2 NAME			,
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY+ST-ZIP			
TITLE		DELETE	5.1 TITLE	<u> </u>	☐ Change	☐ Addition
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP		F7 6:	- Lare.
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME	· •		6.2 NAME			1
STREET ADDRESS			6.3 STREET ADDRESS	•		}

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 population or the receiver or trustee empowered to execute this report as required by Chapter.607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: