

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000008314

**Entity Name:** TARA WEST END HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**5322 PRIMROSE LAKE CIRCLE  
SUITE C  
TAMPA, FL 33647**Current Mailing Address:**5322 PRIMROSE LAKE CIRCLE  
SUITE C  
TAMPA, FL 33647 US**FEI Number:** 84-1906363**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ACCESS MANAGEMENT  
5322 PRIMROSE LAKE CIRCLE  
SUITE C  
TAMPA, FL 33647 US*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.***SIGNATURE:** MOUKHTARA NEMER SILVIA

04/26/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                      |
|-----------------|--------------------------------------|
| Title           | PD                                   |
| Name            | MOUKHTARA, SAYED                     |
| Address         | 5322 PRIMROSE LAKE CIRCLE<br>SUITE C |
| City-State-Zip: | TAMPA FL 33647                       |

|                 |                                      |
|-----------------|--------------------------------------|
| Title           | VP, DIRECTOR                         |
| Name            | LASSEN, BERIT H                      |
| Address         | 5322 PRIMROSE LAKE CIRCLE<br>SUITE C |
| City-State-Zip: | TAMPA FL 33647                       |

|                 |                                      |
|-----------------|--------------------------------------|
| Title           | SECRETARY, TREASURER,<br>DIRECTOR    |
| Name            | MOUKHTARA NEMER, SILVIA H            |
| Address         | 5322 PRIMROSE LAKE CIRCLE<br>SUITE C |
| City-State-Zip: | TAMPA FL 33647                       |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SILVIA H MOUKHTARA NEMER

TREASURER

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date