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FILED

Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000004457 (8)

1. Corporation Name

TARRAGON CAPITAL CORPORATION

Principal Place of Business

280 PARK AVE., EAST BLDG., 20TH FLOOR  
NEW YORK NY 10017

Mailing Address

280 PARK AVE., EAST BLDG., 20TH FLOOR  
NEW YORK NY 10017



3. Date Incorporated or Qualified

09/30/1993

3a. Date of Last Report

07/31/1996

4. FEI Number

75-2340089

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite Apt #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite Apt #, etc

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☐ DELETE

NAME FRIEDMAN, LUCY N  
STREET ADDRESS 280 PARK AVE., EAST BLDG., 20TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10017

TITLE PT ☐ DELETE

NAME FRIEDMAN, WILLIAM S.  
STREET ADDRESS 280 PARK AVENUE EAST BLDG 20TH FLOOR  
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ DELETE

NAME FRIEDMAN, TANYA E  
STREET ADDRESS 883 GUERRERO STREET  
CITY-ST-ZIP SAN FRANCISCO CA 02139

TITLE D ☐ DELETE

NAME FRIEDMAN, EZRA H  
STREET ADDRESS 10 MAGAZINE STREET  
CITY-ST-ZIP CAMBRIDGE MA 02139-KKKK

TITLE ASAT ☐ DELETE

NAME GOLDBERG, EILEEN  
STREET ADDRESS 280 PARK AVE., EAST BLDG., 20TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10017

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 corporation 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.

SIGNATURE:

Eileen Goldberg  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97

(212) 949-5000

Daytime Phone #

CR2E034 (9/96)