

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N31615** (0)

1. Corporation Name
TARA VERANDAS ONE, INC.



Principal Place of Business Mailing Address
P.O. BOX 10067 BRADENTON FL 34282 P.O. BOX 10067 BRADENTON FL 34282

3. Date Incorporated or Qualified **04/10/1989** 3a. Date of Last Report **02/10/1995**
4. FEI Number **65-0125428** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**WAGNER PROPERTY MANAGEMENT
4400 EL CONQUISTADOR PKWY
SUITE 3
BRADENTON FL 34280**

10. Name and Address of New Registered Agent
81 Name **HARMONY M MWA6CMTW**
82 Street Address (P.O. Box Number is Not Acceptable) **4400 EL CONQUISTADOR PARKWAY**
83
84 City **Bradenton** FL 85 Zip Code **34202**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE *John A. Hasty* Community Association Manager DATE **2/20/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LYONS, ROBERT	
STREET ADDRESS	6807 STONE RIVER RD, 206	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MUSSER, RANDY	
STREET ADDRESS	6713 STONE RIVER RD, 205	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALL, CHARLES	
STREET ADDRESS	6807 STONE RIVER RD 101	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'ROURKE, JAMES	
STREET ADDRESS	6713 STONE RIVER RD 102	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KUNZMAN, THOMAS	
1.3 STREET ADDRESS	6713 STONE RIVER RD #101	
1.4 CITY-ST-ZIP	BRADENTON, FL 34203	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HARRY NELIS	
2.3 STREET ADDRESS	6807 STONE RIVER ROAD	
2.4 CITY-ST-ZIP	BRADENTON, FL 34203	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Barry Bembidge	
3.3 STREET ADDRESS	6707 STONE RIVER ROAD	
3.4 CITY-ST-ZIP	BRADENTON, FL 34203	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAM ALBECK	
4.3 STREET ADDRESS	6807 STONE RIVER RD.	
4.4 CITY-ST-ZIP	BRADENTON, FL	
5.1 TITLE	AD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas Kunzman* Thomas Kunzman DATE: **2/20/96** 941-758-9624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CRE037 (12/95)