

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

P.O. BOX 10067
BRADENTON FL 34282

Mailing Address

P.O. BOX 10067
BRADENTON FL 34282-00673. Date Incorporated or Qualified
04/10/19893a. Date of Last Report
02/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARMONY MANAGEMENT
4400 EL CONQUISTADOR PKWY
BRADENTON FL 34280**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **KUNZMAN, THOMAS**
STREET ADDRESS **6713 SOINE RIVER ROAD #101**
CITY-ST-ZIP **BRADENTON FL**TITLE **VD** ☒ DELETE
NAME **NELIS, HARRY**
STREET ADDRESS **6807 STONE RIVER ROAD**
CITY-ST-ZIP **BRADENTON FL**TITLE **SD** ☐ DELETE
NAME **BEMBRIDGE, BARRY**
STREET ADDRESS **6807 STONE RIVER ROAD**
CITY-ST-ZIP **BRADENTON FL 34203**TITLE **PD** ☐ DELETE
NAME **ALBECK, SAM**
STREET ADDRESS **6807 STONE RIVER ROAD**
CITY-ST-ZIP **BRADENTON FL 34203**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE **DT** ☐ Change ☐ Addition
1.2 NAME **Brown and Simms**
1.3 STREET ADDRESS **6807 Stone River Road**
1.4 CITY-ST-ZIP **Bradenton, FL 34203**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0064283**

CR2E037 (9/96)