NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N31615

TARA VERANDAS ONE, INC.

Principal Place of Business

P.O. BOX 10067 **BRADENTON FL 34282** Mailing Address

P.O. BOX 10067 **BRADENTON FL 34282**

FILED Feb 24, 1999 8:00 am § Secretary of State

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2. Principal P	cipal Place of Business 2a. Mailing Address				Date Incorporated or Qualifed		
21	26				04/10/1989		
	Suite, Apt. #, etcSuite, Apt. #, etc						iled For
22	27				65-0125428		Applicable
	City & State City & State				5. Certificate of Status Desired	\$8.75 Ad Fee Req	
Zip	Country		Zip Country		6. Election Campaign Financing	\$5.00 N	Aav Be
24	25	29 30	0		Trust Fund Contribution	Added to	
9. Name and Address of Current Registered Agent			<u>, </u>		10. Name and Address of New Registe	red Agent	
			81	Name			
THE DESCRIPT ASSAULT OF STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
HARMONY MANAGEMENT				Street Address (P.O. Box Number is Not Acceptable)			
4400 EL CONQUISTADOR PKWY							
BRADENTON FL 34280				83			
				City		FL 85 Zip Ci	
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.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	it signature required	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	D OFFICERS AIN	□ DELETE	1.1 TITLE			Change	☐ Addition
			1.2 NAME				1
NAME	BRANDON, CHARLES			ADDRESS			
STREET ADDRESS	6807 57TH RIVER RD				·		
CITY-ST-ZIP	BRADENTON FL			1-219		Change	Addition
TITLE	,		2.1 TITLE	1			
NAME	DEMOTRIDUE, DATE		2.2 NAME		•		
STREET ADDRESS	DO TOTAL THE THOU			FADDRESS		_	1
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP	<u> </u>	Change	Addition
TILE	-		3.1 TITLE			☐ Change	
NAME	OIROURKE, JAMES 3.2		3.2 NAME				
STREET ADDRESS	0, 10 0, 11, 11, 12, 11, 12		3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	<u></u>		I''' A delica
TITLE	D DELETE 4.1 T		4.1 TITLE			Change	Addition
NAME	Kurtz, Hadley		4, 2 NAME				į
STREET ADDRESS	OF TO OTOTILE THE PERSON OF TH		4.3 STREE	T ADDRESS			ł
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE	10	00 - 0-	☐ Ç hānge	Addition
NAME			5.2 NAME	/	hussall, Kanay		
STREET ADDRESS			5.3 STREE	TADDRESS 4	HUSSIR, RANDY 1713 STUNERING BEALLUTIN FL 34208		ł
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	BrALCOTON, FL 34203	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-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 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, on an appear of the corporation of the receiver of trustee empowered.