

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N31616 (8)**

1. Corporation Name

TARA VERANDAS COMMONS ASSOCIATION, 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 **02/09/1995**
4. FEI Number **65-0125426** 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 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**WAGNER PROPERTY MANAGEMENT
4400 EL CONQUISTADOR PKWY
SUITE 22
BRADENTON FL 34282**

10. Name and Address of New Registered Agent
81 Name **HARMONY MANAGEMENT**
82 Street Address (P.O. Box Number is Not Acceptable) **4400 EL CONQUISTADOR PARKWAY**
83
84 City **BRADENTON** FL 85 Zip Code **34282**

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 617.0803, Florida Statutes.

SIGNATURE *[Signature]* **Community Association Manager** 2/20/96
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	DP	<input checked="" type="checkbox"/> DELETE
NAME	GUILE, RALPH	
STREET ADDRESS	6706 STONE RIVER RD, 206	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	SCHLITTS, ROBERT W.	
STREET ADDRESS	6707 STONE RIVER RD, 101	
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	DS	<input checked="" type="checkbox"/> DELETE
NAME	EASTES, J. WARREN	
STREET ADDRESS	6713 STONE RIVER RD, 105	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILSON WACHTER	
1.3 STREET ADDRESS	6609 STONE RIVER RD	
1.4 CITY-ST-ZIP	BRADENTON, FL 34203	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pete Badlessem	
2.3 STREET ADDRESS	6609 STONE RIVER ROAD	
2.4 CITY-ST-ZIP	BRADENTON, FL 34203	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	George Starz	
3.3 STREET ADDRESS	6707 Stone River Road	
3.4 CITY-ST-ZIP	BRADENTON, FL 34203	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HARRY NELIS	
4.3 STREET ADDRESS	6809 STONE RIVER ROAD	
4.4 CITY-ST-ZIP	BRADENTON, FL 34203	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BRY BEMBRIDGE	
5.3 STREET ADDRESS	6707 Stone River Road	
5.4 CITY-ST-ZIP	BRADENTON, FL 34203	
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, unchanged, or on an attachment with an address.

SIGNATURE: *Wilson Wachter* 2/20/96 941-758-9624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (12/95)