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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 34282-0067

3. Date Incorporated or Qualified  
04/10/1989

3a. Date of Last Report  
02/27/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0125426

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARMONY MANAGEMENT  
4400 EL CONQUISTADOR PKWY  
SUITE 22  
BRADENTON FL 34282

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 617.1906, 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  
NAME WACHTER, WILBER  
STREET ADDRESS 6809 STONE RIVER RD  
CITY-ST-ZIP BRADENTON FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME BEDESSEM, PETE  
STREET ADDRESS 6609 STONE RIVER RD  
CITY-ST-ZIP BRADENTON FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME STAWZ, GEORGE  
STREET ADDRESS 6707 STONE RIVER ROAD  
CITY-ST-ZIP BRADENTON FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME NELIS, HARRY  
STREET ADDRESS 6800 STONE RIVER ROAD  
CITY-ST-ZIP BRADENTON FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME BEMBRIDGE, BARRY  
STREET ADDRESS 6807 STONE RIVER ROAD  
CITY-ST-ZIP BRADENTON FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 # 0064282

CR2E037 (9/96)