


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90296 018 \*\*\*\*61.25

<b>DOCUMENT # N31616</b>					
1. Entity Name TARA VERANDAS COMMONS ASSOCIATION, INC.					
Principal Place of Business HARMONY MGMT 4400 EL CONQUISTADOR PKWY BRADENTON, FL 34210		Mailing Address HARMONY MGMT 4400 EL CONQUISTADOR PKWY BRADENTON, FL 34210			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0125426	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARMONY MANAGEMENT 4400 EL CONQUISTADOR PKWY STE 1 BRADENTON, FL 34282			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WACHTER, WILBER		NAME	GARBRICK, EDD	
STREET ADDRESS	6609 STONE RIVER RD		STREET ADDRESS	6707 Stone River Rd # 202	
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, WILLIAM		NAME	Sanechal, Fred	
STREET ADDRESS	6713 STONE RIVER #106		STREET ADDRESS	6807 Stone River Rd #205	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANZ, GEORGE		NAME	Hunter, Vicki	
STREET ADDRESS	6707 STONE RIDGE RD #205		STREET ADDRESS	6707 Stone River Rd # 103	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEDDESSAM, PETE		NAME	Melberth, Virginia	
STREET ADDRESS	6609 STONE RIVER RD		STREET ADDRESS	6713 Stone River Rd # 209	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAFFON, MALCOM C		NAME		
STREET ADDRESS	6604 STONE RIVER RD.		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSSER, RANDY		NAME		
STREET ADDRESS	6713 STONE RIVER RD., #205		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Vicki Hunter</u>			Date: <u>4-4-05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		