

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 10 PM 1:56

**DOCUMENT # N35971 (3)**  
1. Corporation Name  
**TARA VERANDAS TWO, INC.**

Principal Place of Business Mailing Address  
**P.O. BOX 10067 BRADENTON FL 34282**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/26/1989** 3a. Date of Last Report **02/08/1994**  
4. FEI Number **65-0165328** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
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 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**WAGNER PROPERTY MANAGEMENT  
4400 EL CONQUISTADOR PKWY  
STE 22  
BRADENTON FL 34280**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>BEDESSEM, PETER</b>
STREET ADDRESS	<b>6609 STONE RIVER RD, 208</b>
CITY - ST - ZIP	<b>BRADENTON FL</b>
TITLE	<b>DVP</b>
NAME	<b>SCHLITTS, ROBERT</b>
STREET ADDRESS	<b>6707 STONE RIVER RD, 101</b>
CITY - ST - ZIP	<b>BRADENTON FL</b>
TITLE	<b>DS</b>
NAME	<b>DUTTON, RICHARD</b>
STREET ADDRESS	<b>6609 STONE RIVER RD, 201</b>
CITY - ST - ZIP	<b>BRADENTON FL</b>
TITLE	<b>DT</b>
NAME	<b>STANZ, GEORGE</b>
STREET ADDRESS	<b>6707 STONE RIVER RD, 205</b>
CITY - ST - ZIP	<b>BRADENTON FL</b>
TITLE	<b>D</b>
NAME	<b>GUILLE, A</b>
STREET ADDRESS	<b>6707 STONE RIVER RD, 206</b>
CITY - ST - ZIP	<b>BRADENTON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George W. Stanz 1/31/95  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR