

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007
Secretary of State

DOCUMENT# N35971

Entity Name: TARA VERANDAS TWO, INC.

Current Principal Place of Business:

2180 W. STATE RD.434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W. STATE RD.434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 65-0165328 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W. STATE RD.434
SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARBRICK, EDD
Address: 6707 STONE RIVER ROAD #202
City-St-Zip: BRADENTON, FL 34203

Title: VPD () Delete
Name: BEMBRIDGE, BARRY
Address: 6707 STONE RIVER ROAD #201
City-St-Zip: BRADENTON, FL 34203

Title: DT () Delete
Name: HUNTER, VICKI
Address: 6707 STONE RIVER ROAD #103
City-St-Zip: BRADENTON, FL 34203

Title: SD () Delete
Name: STAFFORD, MALCOLM
Address: 6609 STONE RIVER ROAD
City-St-Zip: BRADENTON, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: STAFFORD, MALCOLM
Address: 6609 STONE RIVER ROAD #204
City-St-Zip: BRADENTON, FL 34203

Title: D () Change (X) Addition
Name: MENAGE, VIC
Address: 6609 STONE RIVER RD #101
City-St-Zip: BRADENTON, FL 34203

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDD GARBRICK

PD

03/22/2007

Electronic Signature of Signing Officer or Director

_____ Date