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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40603

1. Corporation Name

TWELVE OAKS I OF TARA ASSOCIATION, INC.

					* 9	99043 - 90002 - 1		
Principal Place of Business Mailing Address								
6300 STONE RIVER RD. HARMONY MANAGEMENT					1 (644) (614) (614) (614) (614) (614)	#### 89148 1111 816 11 81 4 1	I Fiol Hit h P o t	
BRADENTON FL 34203 P.O.BOX 10067								
US		BRADENTON FL 34282	BRADENTON FL 34282			01711 00100 1141 61011 018:	i Askii Alati Afai	1 91011 1901
1								
2 Principal	Place of Business	2a. Mailing Address			3. Date Incorporated or 0	Qualifed	_	
<u></u>	Flace of Business	26			10/31/1990			
21 Suite, Apt	#. etc.	Suite, Apt. #, etc.			4. FEI Number		Арр	lied For
22	,	27		• • —	65-0226019		Not	Applicable
City & Sta	ate	City & State			5. Certificate of Status De	esired \square	\$8.75 A	
23		28			J. Certificate of Status De	751160	Fee Req	quired
Zip	Country	Zip	Cou	untry	6. Election Campaign Fir	nancing [\$5.00 N	
24	25	29	30		Trust Fund Contribution	<u>n</u>	Added to	Fees
9. Name and Address of Current Registered Agent				81 Name	10. Name and Address of New Registered Agent			
81					HARMONY MANN	yem T		
TURNER, SALLY A				82 Street A	Address (P.O. Box Number is Not	Acceptable)		
4400 EL CONQUESTADOR PARKWAY					9400 El (om	VIJTAD 1	phmil	
BRADENTON FL 34210				83				
				84 City	0 / L		85 Zip C	ode 2/:0
				1	Benton	<u>F</u> L		
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 Elorida. Such change was puthorized 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 617.0509, Florida Statutes.							registered listered	
office or agent. I	registered agent or both, in the State am familiar with and accept the obliga	tions of, Section 617.0500, 170	itida Stat	kutjes. "M	11 - K	by accept ing appoin	IIII as isg	,5.0,74
SIGNATURE	belle the bull	in thesiles	Ĵ.	۱۰ الما ساملار	bt ages)	1/489	, 	
SIGNATOR	Signature, typed or printed name of registered spec			d Agent signature re	equired when reinstating)	DATE	- DIDECTOL	OC IN 40
12.	/	ID DIRECTORS	13.		ADDITIONS/CHANGES	TO OFFICERS AN	Change	Addition
TITLE	VO	☐ DELETE	1.1 T				Change	- Addition
NAME	BROMLEY, JOHN		1.2 N	AMÉ				
STREET ADDRES		03	1.3 S	TREET ADDRESS				.
CITY-ST-ZIP	BRADENTON FL 34203		_	ITY-ST-ZIP	<u></u>		Change	☐ Addition
TITLE	VD DELETE		2.1 T	ITLE			Curanda	☐ ¥00860II
NAME.	BIANCO, JOHN A.		2.2 N	AME				
STREET ADORES		IT #604	2.3 S	TREET ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34203		_	CITY-ST-ZIP			Change	□ Addition
TITLE	SD	☐ DELETÉ	3.1 T	ITLE			Change	Addition
NAME	ROSS, GEORGE H.		1	IAME				
STREET ADDRES	s 6302 STONE RIVER ROAD		3.3 S	TREET ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34203		_	CITY-ST-ZIP				Addition.
TITLE	10	☐ DELETE	4.1 T	ITLE	TO	•	Change	☐ Addition

14. 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 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, by on an attachment with an address, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

44 CITY-ST-ZIP

SIGNATURE:

NAME

TM F

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

-CHAJA, JOANN

6326 STONE-RIVER-ROAD

BRADENTON FL-34203

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

Date Dayline Phone #

Change

Change

Addition

☐ Addition