FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State
02-23-1999 90002 001 ****61.25

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DOCUMENT # **N40603**

1. Corporation Name
TWELVE OAKS I OF TARA ASSOCIATION, INC.

99043 · 90002 · 1

Principal Place of Business
6300 STONE RIVER RD.
BRADENTON FL 34203
US

Mailing Address
HARMONY MANAGEMENT
P.O.BOX 10067
BRADENTON FL 34282

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/31/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0226019 — Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent
TURNER, SALLY A
4400 EL CONQUESTADOR PARKWAY
BRADENTON FL 34210

10. Name and Address of New Registered Agent
81 Name HARMONY MANAGEMENT
82 Street Address (P.O. Box Number is Not Acceptable) 4400 EL CONQUISTADOR PKWY
83
84 City Bradenton FL 85 Zip Code 34210

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 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 617.0505, Florida Statutes.

SIGNATURE John A. Hagerty President John A. Hagerty 1/6/99
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	VD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROMLEY, JOHN	1.2 NAME	
STREET ADDRESS	6337 STONE RIVER ROAD, #403	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34203	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BIANCO, JOHN A.	2.2 NAME	
STREET ADDRESS	6304 STONE RIVER ROAD, UNIT #604	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34203	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, GEORGE H.	3.2 NAME	
STREET ADDRESS	6302 STONE RIVER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34203	3.4 CITY-ST-ZIP	
TITLE	~~TD~~ ☐ DELETE	4.1 TITLE	TD ☐ Change ☐ Addition
NAME	~~CHAJA, JOANN~~	4.2 NAME	Ross George
STREET ADDRESS	~~6326 STONE RIVER ROAD~~	4.3 STREET ADDRESS	6302 Stone River Road
CITY-ST-ZIP	~~BRADENTON FL 34203~~	4.4 CITY-ST-ZIP	Bradenton, FL 34203
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED John A. Bianco 1/6/99 941-758-9620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)