2001 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2001 8:00 am Secretary of State **DOCUMENT # N40603** 1. Entity Name TWELVE OAKS I OF TARA ASSOCIATION, INC. 02-03-2001 90059 009 ****61.25 Principal Place of Business Mailing Address HARMONY MGT HARMONY MANAGEMENT 4400 EL CONQUESTADOR PKWY P.O.BOX 10067 710042 **BRADENTON FL 34210** BRADENTON FL 34282 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0226019 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARSUT Street Address (P.O. Box Number is Not Acceptable) HARMONY MANAGEMENT 4400 EL CONQUESTADOR PARKWAY **BRADENTON FL 34210** CONQUENTADOR PIKENY 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 Fiorida SIGNATURE 1-26-01 Signature, typ (NOTE: Registered Agent signature required when reinstating) FILE YOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ዀ ጕ ኦ TITLE Delete TITLE 29 Change ☐ Addition LYNN EllingER 6327 Slove LINER ED. BIANCO, JOHN A. NAME NAME STREET ADDRESS 6304 STONE RIVER ROAD, UNIT #604 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP SD-P TITLE ☐ Delete TITLE "Change Addition ROSS, GEORGE H. NAME NAME STREET ADDRESS 6302 STONE RIVER ROAD STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34203 CITY-ST-7IP TD Delete TITLE ☐ Change Addition ROSS, GEORGE NAME 6326 StovE RIVER RD. STREET ADDRESS 6502 STONE RIVER ROAD STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP TITLE ☐ Delete TITLE ROBERT HOLFON ☐ Change **Addition** NAME NAME 6319 STONE RIVER D. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED

1-26-01 941-758-9624 SIGNATURE:

address, with all other like empowered

changed, or on an attachment with ar