FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2002 8:00 am Secretary of State **DOCUMENT # N40603** 1. Entity Name TWELVE OAKS I OF TARA ASSOCIATION, INC. 04-07-2002 90056 011 ****61.25 Principal Place of Business Mailing Address HARMONY MANAGEMENT HARMONY MGT 4400 EL CONQUESTADOR PKWY P.O.BOX 10067 **BRADENTON FL 34210 BRADENTON FL 34282** 2. Principal Place of Business 3. Mailing Address HARMONY MANAGEMENT Suite, Apt. #, etc. 4400 EL CONQUISTADOR PKWY DO NOT WRITE IN THIS SPACE City & BRADENTON, FL 34210 4. FEI Number Applied For City & State 65-0226019 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GRANT, HARRY 4400 EL CONQUESTADOR PARKWAY #15 **BRADENTON FL 34210** City Zip Code 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 Florida. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition Delete TITLE TITLE Pete Markellous BIANCO, JOHN A. NAME NAME 6307 Stone rivered 6304 STONE RIVER ROAD, UNIT #604 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34203** CITY-ST-ZIP CITY-ST-7IP Delete Addition ☐ Change TITLE TITLE ROSS, GEORGE H. Louis Demorto NAME NAME Delmar NY 12054 6302 STONE RIVER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34203** ☐ Addition Change TITLE Delete ELLINGER, LYNN ~ NAME NAME 6327 SLOW RIVER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP 🗖 Delete TITLE Change ☐ Addition TITLE Bill Exbage 6325 Stone Five rea NICHOLSON, JOHN NAME NAME STREET ADDRESS 6326 STONE RIVER RD. STREET ADDRESS radenton F/34203 **BRADENTON FL 34203** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE HOLTON, ROBERT NAME NAME 6319 STONE RIVER RD. STREET ADDRESS STREET ADDRESS **BRADENTON FL 34203** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

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