

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90031 011 ***150.00

DOCUMENT # F96000001319

1. Corporation Name

TARRAGON MANAGEMENT, INC.

Principal Place of Business

280 PARK AVENUE, 20TH FLOOR, EAST BLDG
NEW YORK NY 10017

Mailing Address

280 PARK AVENUE, 20TH FLOOR, EAST BLDG
NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1996

4. FEI Number

13-3874783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
1200 S PINE AVE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHNITZ, BRUCE A	
STREET ADDRESS	3100 MONTICELLO, STE. #200	
CITY-ST-ZIP	DALLAS TX 75205	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SWINGRUBER, NEIL S	
STREET ADDRESS	3878 OAK LAWN, ONE TURTLE CREEK VILL #300	
CITY-ST-ZIP	DALLAS TX	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, WILLIAM S	
STREET ADDRESS	280 PARK AVE., EAST BLDG, 20TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRIGSBY, LARRY	
STREET ADDRESS	3100 MONTICELLO, STE. #200	
CITY-ST-ZIP	DALLAS TX 75205	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	HARTMAN, LAWRENCE S	
STREET ADDRESS	280 PARK AVE EAST BLDG, 20TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mansfield, Kathryn	
1.3 STREET ADDRESS	3100 Monticello	
1.4 CITY-ST-ZIP	Dallas, Texas 75205	
2.1 TITLE	CFO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Davis, Erin	
2.3 STREET ADDRESS	3100 Monticello, Suite 200	
2.4 CITY-ST-ZIP	Dallas, Texas 75205	
3.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Barber, Penny	
3.3 STREET ADDRESS	3100 Monticello, Suite 200	
3.4 CITY-ST-ZIP	Dallas, Texas 75205	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, 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:

Kathryn Mansfield

3-5-99

214-599-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)