

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90215 001 *2,550.00

DOCUMENT # F02000001815	
1. Entity Name TARRAGON DEVELOPMENT CORPORATION	



Principal Place of Business 1775 BROADWAY, 23RD FLOOR NEW YORK, NY 10019	Mailing Address ATTN: KATHRYN MANSFIELD 3100 MONTICELLO AVE., SUITE 200 DALLAS, TX 75205
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66015598



2. Principal Place of Business - No P.O. Box # 423 West 55th Street		3. Mailing Address	
Suite, Apt. #, etc. 12th Floor		Suite, Apt. #, etc.	
City & State New York, NY		City & State	
Zip 10019	Country	Zip	Country

05102007 Chg-P CR2E034 (12/06)

4. FEI Number 74-3012025	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDMAN, WILLIAM S			NAME			
STREET ADDRESS	1775 BROADWAY, 23RD FLOOR			STREET ADDRESS	423 West 55th Street, 12th Floor		
CITY-ST-ZIP	NEW YORK, NY 10019			CITY-ST-ZIP	New York, NY 10019		
TITLE	D, P	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROHDIE, ROBERT S			NAME			
STREET ADDRESS	1775 BROADWAY, 23RD FLOOR			STREET ADDRESS	423 West 55th Street, 12th Floor		
CITY-ST-ZIP	NEW YORK, NY 10019			CITY-ST-ZIP	New York, NY 10019		
TITLE	DEVP	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUBENSTEIN, CHARLES			NAME			
STREET ADDRESS	1775 BROADWAY, 23RD FLOOR			STREET ADDRESS	423 West 55th Street, 12th Floor		
CITY-ST-ZIP	NEW YORK, NY 10019			CITY-ST-ZIP	New York, NY 10019		
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, EILEEN			NAME			
STREET ADDRESS	1775 BROADWAY, 23RD FLOOR			STREET ADDRESS	423 West 55th Street, 12th Floor		
CITY-ST-ZIP	NEW YORK, NY 10019			CITY-ST-ZIP	New York, NY 10019		
TITLE	EVPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANSFIELD, KATHRYN			NAME			
STREET ADDRESS	3100 MONTICELLO AVE., SUITE 200			STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX 75205			CITY-ST-ZIP			
TITLE	EVPT	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINOR, TODD C			NAME			
STREET ADDRESS	3100 MONTICELLO AVE., SUITE 200			STREET ADDRESS	423 West 55th Street, 12th Floor		
CITY-ST-ZIP	DALLAS, TX 75205			CITY-ST-ZIP	New York, NY 10019		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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.

SIGNATURE: Kathryn Mansfield 5/15/2007 214/599-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #