

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

FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001319 (0)

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 10017-1216



3. Date Incorporated or Qualified
03/14/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

13-3874783

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name C.T. Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
83
84 City Plantation, FL 85 Zip Code 33324

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHNITZ, BRUCE A	
STREET ADDRESS	3878 OAK LAWN, ONE TURTLE CREEK VILL #300	
CITY-ST-ZIP	DALLAS TX	
TITLE	VS	<input 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	VCD	<input checked="" type="checkbox"/> DELETE
NAME	DOYLE, JOHN A	
STREET ADDRESS	280 PARK AVE., EAST BLDG, 20TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hartman, Lawrence S.	
1.3 STREET ADDRESS	280 Park Ave. East Bldg, 20th Floor	
1.4 CITY-ST-ZIP	New York, NY 10017-1216	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 do 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, 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence Hartman

1/6/97

Date

212-949-5000

Daytime Phone #

0004032

CR2E034 (9/96)