

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N35971 (3)**

1. Corporation Name  
**TARA VERANDAS TWO, INC.**



Principal Place of Business Mailing Address  
P.O. BOX 10067 BRADENTON FL 34282 P.O. BOX 10067 BRADENTON FL 34282

3. Date Incorporated or Qualified **12/26/1989** 3a. Date of Last Report **02/10/1995**  
4. FEI Number **65-0165328** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

9. Name and Address of Current Registered Agent  
**WAGNER PROPERTY MANAGEMENT  
4400 EL CONQUISTADOR PKWY  
SUITE 23  
BRADENTON FL 34280**

10. Name and Address of New Registered Agent  
81 Name **HARMONY MANAGEMENT**  
82 Street Address (P.O. Box Number is Not Acceptable) **4400 EL CONQUISTADOR PKWY**  
83  
84 City **Bradenton** FL 85 Zip Code **34202**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* *[Signature]* **2/20/96**  
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	DP	<input type="checkbox"/> DELETE
NAME	BEDESSEM, PETER	
STREET ADDRESS	6609 STONE RIVER RD, 206	
CITY - ST - ZIP	BRADENTON FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SCHLITTS, ROBERT	
STREET ADDRESS	6707 STONE RIVER RD, 101	
CITY - ST - ZIP	BRADENTON FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	DUTTON, RICHARD	
STREET ADDRESS	6609 STONE RIVER RD, 201	
CITY - ST - ZIP	BRADENTON FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	STANZ, GEORGE	
STREET ADDRESS	6707 STONE RIVER RD, 205	
CITY - ST - ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUILE, A	
STREET ADDRESS	6707 STONE RIVER RD, 206	
CITY - ST - ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>WILBER WACHTER</b>
3.3 STREET ADDRESS	<b>6609 STONE RIVER ROAD</b>
3.4 CITY - ST - ZIP	<b>BRADENTON, FL 34203</b>
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	<b>D MALCOLM STAFFORD</b>
5.3 STREET ADDRESS	<b>6609 STONE RIVER ROAD</b>
5.4 CITY - ST - ZIP	<b>BRADENTON, FL 34203</b>
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **2/10/96** **941-758-8624**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)