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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N35971

(3)

TARA VERANDAS TWO, INC.

| Principal Place | e of Business | Mailing Address | | | | LIBI BEBE PADIL DIAN DE | JA 01011 01011 1801 |
|---|---|--|----------------------|---------------------------------------|--|--|---|
| P.O. BOX 10067 P.O. BOX 10067 BRADENTON FL 34282 BRADENTON FL 34282-0067 | | | | | | | |
| BRADENION P | L 34282 | DUNDENION ET 24505-000 | • | | | · • · · · · · · · · · · · · · · · · · · | ····· |
| | | | | | 3. Date Incorporated or Qualified 12/26/1989 | 3a. Date of Las 02/27/ | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | 65-0165328 | | Not Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 1 7 7 7 | 5 Additional Required |
| City & State | е | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | | | This corporation has liability for intangible tax under s. 199.032, | | |
| 24 | 25 | 29 | 30 | | Florida Statutes Yes No | | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Re | sistered Agent | |
| | | | 1 | 81 Name | | | |
| HARMONY MANAGEMENT 4400 EL CONQUISTADOR PKWY | | | 7 | Street Add | ddress (P.O. Box Number is Not Acceptable) | | |
| BRADENTON FL 34282 | | | - | 83 | + i . | ` | |
| Brindli | 41014 I E 04202 | | ļ | | | 16-11- | |
| | | | | B4 City | | FL | ip Code |
| 11. Pursuant | to the provisions of Sections 617,9502 | ag 617 1508, Florida Statute | s, the ab | ove-named co | rporation submits this statement for the p ation's board of directors. I hereby accep | urpose of changing | g its registered |
| office or r agent. La | egistered agent, or both, in the State i im familiar with, and accept the doliga | of Morida. Such change was a itighs of, Section 617.0503, Fig | umorized ida Stat | by the corporates. | ation's board of directors. I hereby accep | t the appointment | as registered |
| SIGNATURE | muce 190 | M | 7 1 | | | 11497 | |
| DIGITATIONE. | Signature, typed or printed name of registered ac | | . Registered | Agent signature requ | uired when reinstating) | MATE | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFIC | | |
| TALE | DP TOTAL PROPERTY. | ☐ DELETE | 1.1 111 | | • | ☐ Chang | ge 🗀 Addition |
| NAME | BEDESSEM, PETER | | 1.2 NA | | | | |
| STREET ADDRESS | 6609 STONE RIVER RD, 206 | | • | EET ADDRESS | | | |
| CITY-ST-ZIP | BRADENTON FL | DELETE | | Y-ST-ZIP | | Chan | ne Addition |
| TITLE | DVP | DELETE | 2.1 TITI | | | Chang | M COURSON |
| NAME | SCHLITTS, ROBERT 6707 STONE RIVER RD, 101 | | 2.2 NAI | | ÷ | | |
| STREET ADDRESS | BRADENTON FL | | 1 | EET ADDRESS | | | |
| CITY-ST-ZIP TITLE | D | DELETE | 3.1 TIT | Y-ST-ZIP | | ☐ Chanc | ne Addition |
| NAME | WACHTER, WILBER | verere | 3.2 NA | | | - J | , |
| STREET ADDRESS | 6609 STONE RIVER ROAD | | | EET ADDRESS | | | |
| CITY-ST-ZIP | BRADENTON FL | | | Y-ST-ZIP | | | |
| TITLE | DT | DELETE | 4.1 TITI | | | ☐ Chang | ge Addition |
| NAME | STANZ, GEORGE | | 4. 2 NA | ME | | | |
| STREET ADDRESS | 6707 STONE RIVER RD, 205 | | | EET ADDRESS | | | |
| CITY-ST-ZIP | BRADENTON FL | | | Y-ST-ZIP | | | |
| TITLE | D | DELETE | 5.1 TITI | ····· · · · · · · · · · · · · · · · · | | ☐ Chang | ge Addition |
| NAME | STAFFORD, MALCOLM | | 5.2 NA | ME | · | | |
| STREET ADDRESS | 6609 STONE RIVER ROAD | | | IEET ADDRESS | | | |
| CITY-ST-ZIP | BRADENTON FL | | | Y-ST-ZIP | .; | | |
| TITLE | | ☐ DELETE | 6.1 TIT | | | ☐ Chang | ge Addition |
| NAME | | | 6.2 NA | ME | | | |
| STREET ADDRESS | | | 1 | EET AODRESS | | | ļ |
| CITY-ST-ZIP | | | 1 | Y-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 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

16/97

941-151-9624 Daytime Phone # 0084257

FILED

Jan 28 1997 8:00am

Secretary of State