


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90007 003 \*\*\*\*61.25

**DOCUMENT # N35971**  
 1. Entity Name  
 TARA VERANDAS TWO, INC.



Principal Place of Business  
 4400 EL CONQUISTADOR PARKWAY  
 STE 1  
 BRADENTON, FL 34210

Mailing Address  
 4400 EL CONQUISTADOR PARKWAY  
 STE 1  
 BRADENTON, FL 34210

**54018149**



02242004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0165328

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARMONY MANAGEMENT  
 4400 EL CONQUISTADOR PKWY  
 STE 1  
 BRADENTON, FL 34282

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEDESSEM, PETER 6609 STONE RIVER RD, 208 BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WACHTER, WILBER 6609 STONE RIVER ROAD BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STANZ, GEORGE 6707 STONE RIVER RD, 205 BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STAFFORD, MALCOLM 6609 STONE RIVER ROAD BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 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 617, 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: Robert M. Hines, Manager Date: 3/3/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #