

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #