2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Apr 22, 2005 8:00 am Secretary of State DOCUMENT # N35971 04-22-2005 90296 027 ****61.25 TARÁ VERANDAS TWO, INC. Principal Place of Business Mailing Address 4400 EL CONQUISTADOR PARKWAY 4400 EL CONQUISTADOR PARKWAY 20042574 STE 1 BRADENTON, FL 34210 BRADENTON, FL 34210 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc 01142005 Cha-NP CR2E037 (10/03) City & State City & State 4. FFI Number Applied For 65-0165328 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARMONY MANAGEMENT 4400 EL CONQUISTADOR PKWY Street Address (P.O. Box Number is Not Acceptable) STE 1 BRADENTON, FL 34282 Zip Code FL 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 famillar with, and accept the obligations of registered agent SIGNATURE. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be П Florida Department of State Trust Fund Contribution. Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DP TITLE TITLE BEDESSEM, PETER NAME NAME 6609 STONE RIVER RD, 206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL CITY-ST-ZIP TITLE TITLE Bembridge, Barry 5 WACHTER, WILBER NAME NAME STREET ADDRESS 6609 STONE RIVER ROAD STREET ADDRESS BORNUTORI BRADENTON, FL CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE NAME STANZ, GEORGE NAME STREET ADDRESS 6707 STONE RIVER RD, 205 STREET ADDRESS BRADENTON, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change STAFFORD, MALCOLM NAME 6609 STONE RIVER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

FILED

☐ Change

☐ Addition

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.

TITLE

NAME

☐ Delete

STREET ADDRESS CITY-ST-ZIP

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