


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90232 028 \*\*\*\*61.25

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # N35971</b><br>1. Entity Name<br><b>TARA VERANDAS TWO, INC.</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>4400 EL CONQUISTADOR PARKWAY<br/>STE 1<br/>BRADENTON, FL 34210</b>   |  |   | Mailing Address<br><b>4400 EL CONQUISTADOR PARKWAY<br/>STE 1<br/>BRADENTON, FL 34210</b>  |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |  |
| City & State   |  | City & State  |   |   |  |
| Zip  | Country  | Zip   | Country   |   |  |
| 4. FEI Number<br><b>65-0165328</b>   |  |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   | <b>\$8.75</b> Additional Fee Required   |   |  |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent   |   |  |
| <b>HARMONY MANAGEMENT<br/>4400 EL CONQUISTADOR PKWY<br/>STE 1<br/>BRADENTON, FL 34282</b>  |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b>    Zip Code         </div> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be<br>Added to Fees   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>PD<br/>GARBRICK, EDD<br/>6707 STONE RIVER ROAD #202<br/>BRADENTON, FL 34203</b>     | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>VPD<br/>BEMBRIDGE, BARRY<br/>6707 STONE RIVER ROAD #201<br/>BRADENTON, FL 34203</b> | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>DT<br/>HUNTER, VICKI<br/>6707 STONE RIVER ROAD #103<br/>BRADENTON, FL 34203</b>     | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>SD<br/>STAFFORD, MALCOLM<br/>6609 STONE RIVER ROAD<br/>BRADENTON, FL</b>            | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete   |   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |  |   |   |   |  |
| <b>SIGNATURE:</b> <u>Vickie Hawley</u> <span style="float: right;">4/28/06</span>  |  |   |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   |   |  |
| <small>Date Daytime Phone #</small>  |  |   |   |   |  |