

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 22, 2007  
Secretary of State**

DOCUMENT# N35971

Entity Name: TARA VERANDAS TWO, INC.

**Current Principal Place of Business:**

2180 W. STATE RD.434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. STATE RD.434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

FEI Number: 65-0165328      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
2180 W. STATE RD.434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GARBRICK, EDD  
Address: 6707 STONE RIVER ROAD #202  
City-St-Zip: BRADENTON, FL 34203

Title: VPD ( ) Delete  
Name: BEMBRIDGE, BARRY  
Address: 6707 STONE RIVER ROAD #201  
City-St-Zip: BRADENTON, FL 34203

Title: DT ( ) Delete  
Name: HUNTER, VICKI  
Address: 6707 STONE RIVER ROAD #103  
City-St-Zip: BRADENTON, FL 34203

Title: SD ( ) Delete  
Name: STAFFORD, MALCOLM  
Address: 6609 STONE RIVER ROAD  
City-St-Zip: BRADENTON, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: STAFFORD, MALCOLM  
Address: 6609 STONE RIVER ROAD #204  
City-St-Zip: BRADENTON, FL 34203

Title: D ( ) Change (X) Addition  
Name: MENAGE, VIC  
Address: 6609 STONE RIVER RD #101  
City-St-Zip: BRADENTON, FL 34203

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDD GARBRICK

PD

03/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date