

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90462 045 ****61.25

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DOCUMENT # N35971

1. Entity Name
TARA VERANDAS TWO, INC.



Principal Place of Business
**4400 EL CONQUISTADOR PARKWAY
BRADENTON FL 34210**

Mailing Address
**4400 EL CONQUISTADOR PARKWAY
BRADENTON FL 34210**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.
Ste 1

City & State

Zip Country Zip Country

4. FEI Number **65-0165328**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HARMONY MANAGEMENT
4400 EL CONQUISTADOR PKWY
BRADENTON FL 34282**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
Ste 1

City **FL** Zip Code **34210**

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEDESSEM, PETER 6609 STONE RIVER RD, 206 BRADENTON FL	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WACHTER, WILBER 6609 STONE RIVER ROAD BRADENTON FL	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STANZ, GEORGE 6707 STONE RIVER RD, 205 BRADENTON FL	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STAFFORD, MALCOLM 6609 STONE RIVER ROAD BRADENTON FL	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VISSCHWER, HENRY 6609 STONE RIVER ROAD W4 BRADENTON FL 34203	Delete <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)