



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90031 042 \*\*\*\*61.25

<b>DOCUMENT # 710166</b>					
1. Entity Name <b>TEMPLE TERRACE GOLF AND COUNTRY CLUB</b>					
Principal Place of Business <b>200 INVERNESS TEMPLE TERRACE, FL 33617-4821</b>			Mailing Address <b>200 INVERNESS TEMPLE TERRACE, FL 33617-4821</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 <b>59-0782745</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>WHITEMORE, DONALD H 400 N. TAMPA ST., SUITE 2630 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPEZIALE, JOHN		NAME	Steve Wiley	
STREET ADDRESS	3424 LAKEWOOD DR		STREET ADDRESS	11502 Humber Pl	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	Temple Terrace FL 33617	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAFER, JAMES		NAME	Anthony Valdes	
STREET ADDRESS	814 BAN LAMAND		STREET ADDRESS	519 Nantucket Dr	
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP	Temple Terrace FL 33617	
TITLE	AT	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASTORQUIZA, HAROLD		NAME	Harold Astorquiza	
STREET ADDRESS	11408 LOUVRE PL		STREET ADDRESS	11408 Louvre Pl	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP	Temple Terrace FL 33617	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGDON, DAVID		NAME	DAVID Langdon	
STREET ADDRESS	406 DEER PARK		STREET ADDRESS	406 Deer Park	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP	Temple Terrace FL 33617	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, JAMES		NAME	Joe Simmons	
STREET ADDRESS	211 N BANNOCKBURN AVE		STREET ADDRESS	502 Crestover Dr.	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP	Temple Terrace FL 33617	
TITLE	S	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN, RON		NAME	Ron Callahan	
STREET ADDRESS	321 S GLAN AVE		STREET ADDRESS	321 S. Glen Arven Ave	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP	Temple Terrace FL 33617	
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.					
SIGNATURE:  1/31/06 813-988-1791 x201					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

00010033



01202006 Chg-NP CR2E037 (11/05)

# ATTACHMENT

Section 11 (cont)

60010033  
#718160

S  
Jim Craig  
123 N. Burlingame Ave.  
Temple Terrace, FL 33617

AT  
John Chambers  
924 N. River Hills Dr.  
Temple Terrace, FL 33617

D  
John Tenney  
1248 Starry Night St.  
Wesley Chapel, FL 33543

D  
Mike Stanley  
403 Brier Cliff Dr.  
Temple Terrace, FL 33617