## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N03000010973

1. Entity Name

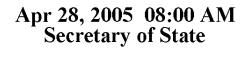
THE FOUNDERS GOLF CLUB, INC.



Principal Place of Business

Mailing Address

1343 MAIN STREET SUITE 602 SARASOTA, FL 34236 1343 MAIN STREET SUITE 602 SARASOTA, FL 34236



**FILED** 



DO NOT WRITE IN THIS SPACE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02242005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 20-0708654

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, THOMAS 1343 MAIN STREET SUITE 602 SARASOTA, FL 34236

SIGNATURE:

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	I HI	SS	<b>PA</b> (	

<ol><li>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.</li></ol>						
SIGNATURE.	Signature, typed or printed name of registered agent and title	ting) DATE				
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financ     Trust Fund Contribution.	ing \$5.00 May			
10.	ÖFFICERS AND DIRE	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, THOMAS 1343 MAIN STREET SUITE 602 SARASOTA, FL 34236					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALLMAN, JAY 1343 MAIN STREET SUITE 502 SARASOTA, FL 34236			000000339534 04/28/05-00074-025 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARLING, FRED 2201 CANTU COURT SUITE 104 SARASOTA, FL 34236		Ε	O NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	N THIS SPACE		
TITLE NAME STREET ADORESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 exact 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.						