


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

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90024 022 ****61.25

DOCUMENT # N03000010973	
1. Entity Name THE FOUNDERS GOLF CLUB, INC.	

Principal Place of Business 240 S. PINEAPPLE AVENUE SUITE 400 SARASOTA, FL 34236	Mailing Address 3800 Golf Hall Dr 240 S. PINEAPPLE AVENUE SUITE 400 SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE

40130579



08092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0708654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROWN, THOMAS 240 S. PINEAPPLE AVENUE SUITE 400 SARASOTA, FL 34236	3001 Founders Club Dr. Sarasota, FL 34240
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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 _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, THOMAS 240 S. PINEAPPLE AVENUE, SUITE 400 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALLMAN, JAMES A 240 S. PINEAPPLE AVENUE, SUITE 400 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARLING, FRED 2201 GANTU COURT SUITE 104 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: <u>13</u>	8/22/07	941-378-3983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #