

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000010973

1. Entity Name
THE FOUNDERS GOLF CLUB, INC.



Principal Place of Business
3800 GOLF HALL DR
SARASOTA, FL 34240

Mailing Address
3800 GOLF HALL DR
SARASOTA, FL 34240



01162008 No Chg-NP CR2E037 (4/06)

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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
3001 FOUNDER 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25
Due by May 1, 2008**

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

000000879898
04/15/08-80034-023 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME BROWN, THOMAS
STREET ADDRESS 3001 FOUNDER CLUB DR
CITY-STATE-ZIP SARASOTA, FL 34240

TITLE D
NAME TALLMAN, JAMES A
STREET ADDRESS 3001 FOUNDER CLUB DR
CITY-STATE-ZIP SARASOTA, FL 34240

TITLE D
NAME STARLING, FRED
STREET ADDRESS 3001 FOUNDER CLUB DR
CITY-STATE-ZIP SARASOTA, FL 34240

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 4/1/08