

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

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000003189 1. Entity Name THE FOUNDERS CLUB COMMUNITY ASSOCIATION, INC.	
---	---

Principal Place of Business 3800 GOLF HALL DRIVE SARASOTA, FL 34240	Mailing Address 3800 GOLF HALL DRIVE SARASOTA, FL 34240
---	---

DO NOT WRITE IN THIS SPACE



08092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0967096	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARR, KATHRYN A C/O ABEL, BAND, RUSSELL, COLLIER, ETAL 240 S PINEAPPLE AVE SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

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 _____ Signature, typed or printed name of registered agent and title if applicable (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. ☐ \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TALLMAN, JAMES A 3800 GOLF HALL DRIVE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STERLING, FRED 3800 GOLF HALL DRIVE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, THOMAS 3800 GOLF HALL DRIVE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000772769 08/28/07-80002-017 61.25 DO NOT WRITE 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> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>8/22/07</u> Date	<u>941-378-3983</u> Daytime Phone #
--	---------------------------------------	---