

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

FILED
Apr 03, 2008 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**



01162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 transferring)

DATE _____

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

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

U00000880362
04/15/08-80057-021 61.25

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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 #