

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29248** (4)

1. Corporation Name
TARA GOLF AND COUNTRY CLUB, INC.



Principal Place of Business Mailing Address
~~2666 AIRPORT ROAD SOUTH~~
~~2666 AIRPORT ROAD SOUTH~~
~~NAPLES FL 33962~~
US
~~2666 AIRPORT ROAD SOUTH~~
~~2666 AIRPORT ROAD SOUTH~~
~~NAPLES FL 33962~~
US

3. Date Incorporated or Qualified **11/14/1988** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 **6602 DREWRY'S BLUFF** 26 **6602 DREWRY'S BLUFF**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
23 **BRADENTON, FL** 27 **BRADENTON, FL**
City & State City & State
24 **34203** 25 **USA** 29 **34203** 30 **USA**
Zip Country Zip Country

4. FEI Number **65-0120044** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
~~HIGGS, WILLIAM T.~~
~~2666 AIRPORT ROAD SOUTH~~
~~NAPLES FL 33962~~

10. Name and Address of New Registered Agent
81 Name **James A. Duboff**
82 Street Address (P.O. Box Number is Not Acceptable) **6602 DREWRY'S BLUFF**
83
84 City **BRADENTON** FL 85 Zip Code **34203**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *James A. Duboff* DATE **4/25/96**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HIGGS, WILLIAM T.	
STREET ADDRESS	2666 AIRPORT RD. SOUTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	HIGGS, ANTONIA	
STREET ADDRESS	2666 AIRPORT RD S.	
CITY-ST-ZIP	NAPLES FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SCHOENBERGER, ARTHUR	
STREET ADDRESS	2666 AIRPORT ROAD SOUTH	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William J. RILEY	
1.3 STREET ADDRESS	6602 DREWRY'S BLUFF	
1.4 CITY-ST-ZIP	BRADENTON, FL 34203	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES A. DUBOFF	
2.3 STREET ADDRESS	6602 DREWRY'S BLUFF	
2.4 CITY-ST-ZIP	BRADENTON, FL 34203	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOSEPH S. MAZZA	
3.3 STREET ADDRESS	6602 DREWRY'S BLUFF	
3.4 CITY-ST-ZIP	BRADENTON, FL 34203	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	THOMAS V. LEFFERSON	
4.3 STREET ADDRESS	6602 DREWRY'S BLUFF	
4.4 CITY-ST-ZIP	BRADENTON, FL 34203	
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILBUR O. WACHTER	
5.3 STREET ADDRESS	6602 DREWRY'S BLUFF	
5.4 CITY-ST-ZIP	BRADENTON, FL 34203	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James A. Duboff* DATE **4-25-96** DAYTIME PHONE # **941-756-7775**
Signature and typed or printed name of signing officer or director

CR2E037 (12/95)