


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 06 1997 8:00am
 Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N29248 (4)

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



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| Principal Place of Business 6602 DREWRY'S BLUFF BRADENTON FL 34203 US | Mailing Address 6602 DREWRY'S BLUFF BRADENTON FL 34203 US |
|--|--|

DO NOT WRITE IN THIS SPACE

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| 3. Date Incorporated or Qualified 11/14/1988 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 65-0120044 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

9. Name and Address of Current Registered Agent

DUBOFF, JAMES A
6602 DREWRY'S BLUFF
BRADENTON FL 34203

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name GREISING, ANTHONY |
| 82 Street Address (P.O. Box Number is Not Acceptable) 6602 DREWRY'S BLUFF |
| 83 |
| 84 City BRADENTON |
| 85 Zip Code FL 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 *William J. Riley* *Chief Operating Officer* 7/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RILEY, WILLIAM J 6602 DREWRY'S BLUFF BRADENTON FL <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DUBOFF, JAMES A 6602 DREWRY'S BLUFF BRADENTON FL <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MAZZA, JOSEPH S 6602 DREWRY'S BLUFF BRADENTON FL <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD LEFFERSON, THOMAS V 6602 DREWRY'S BLUFF BRADENTON FL <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WACHTER, WILBUR O 6602 DREWRY'S BLUFF BRADENTON FL <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *William J. Riley* 7/24/97 750 0033
 SIGNATURE REQUIRED

CR2E037 (4/97)