

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90038 017 ****70.00

0065789

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N29248

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

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/14/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0120044
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GREISING, ANTHONY
6602 DREWRY'S BLUFF
BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HIRTZER, GERALD	
STREET ADDRESS	6602 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MAZZA, JOSEPH	
STREET ADDRESS	6602 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LEFFERSON, THOMAS V	
STREET ADDRESS	6602 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GRATTON, ROBERT	
STREET ADDRESS	6602 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WOEBKENBERG, THOMAS	
STREET ADDRESS	6602 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON FL	
TITLE	Treasurer	<input checked="" type="checkbox"/> Addition
NAME	WACHTER, WILBUR O	
STREET ADDRESS	6602 Drewry's Bluff	
CITY-ST-ZIP	Bradenton FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HARTLIEB, KENNETH BERG	
1.3 STREET ADDRESS	6602 Drewry's Bluff	
1.4 CITY-ST-ZIP	Bradenton FL	
2.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KENCH, THOMAS WESLEY	
2.3 STREET ADDRESS	6602 Drewry's Bluff	
2.4 CITY-ST-ZIP	Bradenton FL	
3.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MANNING, EDWARD THOMAS JR.	
3.3 STREET ADDRESS	6602 Drewry's Bluff	
3.4 CITY-ST-ZIP	Bradenton FL	
4.1 TITLE	2nd Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RAHE, JOHN DONALD	
4.3 STREET ADDRESS	6602 Drewry's Bluff	
4.4 CITY-ST-ZIP	Bradenton FL	
5.1 TITLE	1st Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SCOTT, THOMAS JEFFERSON	
5.3 STREET ADDRESS	6602 Drewry's Bluff	
5.4 CITY-ST-ZIP	Bradenton FL	
6.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SMITH, DONALD EDWARD	
6.3 STREET ADDRESS	6602 Drewry's Bluff	
6.4 CITY-ST-ZIP	Bradenton FL	

14. I 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, with all other like empowered.

SIGNATURE: *Edward Thomas Manning* **SIGNATURE REQUIRED** 4/29/99 941-753-5170
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)