

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90018 047 \*\*\*\*61.25

<b>DOCUMENT # N29248</b> 1. Entity Name <b>TARA GOLF AND COUNTRY CLUB, INC.</b>					
Principal Place of Business <b>6602 DREWRY'S BLUFF BRADENTON FL 34203 US</b>				Mailing Address <b>6602 DREWRY'S BLUFF BRADENTON FL 34203 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0120044</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GREISING, ANTHONY 6602 DREWRY'S BLUFF BRADENTON FL 34203</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PASTORI, WILLIAM E		NAME	Pastori, William E.	
STREET ADDRESS	6602 DREWRY'S BLUFF		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34203		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COFFEE, LAWRENCE		NAME	Coffee, Lawrence	
STREET ADDRESS	6602 DREWRY'S BLUFF		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34203		CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KALUK, JAMES		NAME	Parker, Barbara	
STREET ADDRESS	6602 DREWRY'S BLUFF		STREET ADDRESS	6602 Drewry's Bluff	
CITY-ST-ZIP	BRADENTON FL 34203		CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRATT, SANDRA		NAME	Holton, Robert	
STREET ADDRESS	6602 DREWRY'S BLUFF		STREET ADDRESS	6602 Drewry's Bluff	
CITY-ST-ZIP	BRADENTON FL 34203		CITY-ST-ZIP	Bradenton FL 34203	
TITLE	P <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSELL, WILLARD E		NAME	Russell Willard E.	
STREET ADDRESS	6602 DREWRY'S BLUFF		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34203		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PORTER, EDWARD		NAME	Wachter, Wilbur	
STREET ADDRESS	6602 DREWRY'S BLUFF		STREET ADDRESS	6602 Drewry's Bluff	
CITY-ST-ZIP	BRADENTON FL 34203		CITY-ST-ZIP	Bradenton FL 34203	
12. 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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					