


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90043 010 ****61.25

DOCUMENT # N29248 1. Entity 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0120044	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREISING, ANTHONY 6602 DREWRY'S BLUFF BRADENTON, FL 34203			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOSTOMSKI, NANCY 6602 DREWRY'S BLUFF BRADENTON, FL 34203	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gee, Maureen 6602 Drewry's Bluff Bradenton FL 34203
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, BARBARA 6602 DREWRY'S BLUFF BRADENTON, FL 34203	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mullins, Arthur 6602 Drewry's Bluff Bradenton, FL 34203
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWENSON, CHARLES 6602 DREWRY'S BLUFF BRADENTON, FL 34203	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kalok, James 6602 Drewry's Bluff Bradenton, FL 34203
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTON, ROBERT 6602 DREWRY'S BLUFF BRADENTON, FL 34203	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lignoui, Harry 6602 Drewry's Bluff Bradenton, FL 34203
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGNOUL, HARRY 6602 DREWRY'S BLUFF BRADENTON, FL 34203	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Frederick, Carl L 6602 Drewry's Bluff Bradenton, FL 34203
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
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 <u>Carl L. Frederick</u> <u>Carl L Frederick</u> 4-11-08 (941) 756-7775 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40067717



04112008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL Zip Code

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOSTOMSKI, NANCY	
STREET ADDRESS	6602 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON, FL 34203	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PARKER, BARBARA	
STREET ADDRESS	6602 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON, FL 34203	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SWENSON, CHARLES	
STREET ADDRESS	6602 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON, FL 34203	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLTON, ROBERT	
STREET ADDRESS	6602 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON, FL 34203	

TITLE	D	<input type="checkbox"/> Delete
NAME	LIGNOUL, HARRY	
STREET ADDRESS	6602 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON, FL 34203	

TITLE	VP	<input type="checkbox"/> Delete
NAME	FREDERICK, CARL L	
STREET ADDRESS	6602 DREWRY'S BLUFF	
CITY-ST-ZIP	BRADENTON, FL 34203	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gee, Maureen	
STREET ADDRESS	6602 Drewry's Bluff	
CITY-ST-ZIP	Bradenton FL 34203	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mullins, Arthur	
STREET ADDRESS	6602 Drewry's Bluff	
CITY-ST-ZIP	Bradenton, FL 34203	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kalok, James	
STREET ADDRESS	6602 Drewry's Bluff	
CITY-ST-ZIP	Bradenton, FL 34203	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lignoui, Harry	
STREET ADDRESS	6602 Drewry's Bluff	
CITY-ST-ZIP	Bradenton, FL 34203	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frederick, Carl L	
STREET ADDRESS	6602 Drewry's Bluff	
CITY-ST-ZIP	Bradenton, FL 34203	

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 Carl L. Frederick Carl L Frederick 4-11-08 (941) 756-7775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #