
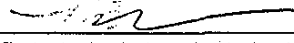
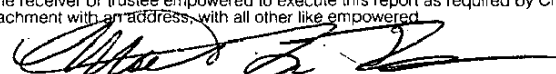


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90013 044 ****61.25

DOCUMENT # N97000005310			
1. Entity Name THE PLANTATIONS AT TARA GOLF & COUNTRY CLUB ASSOCIATION, INC.		Principal Place of Business 4400 EL CONQUISTADOR PKY BRADENTON, FL 34210	
Mailing Address 4400 EL CONQUISTADOR PKY BRADENTON, FL 34210		2. Principal Place of Business	
Suite, Apt. #, etc.		3. Mailing Address	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3495487		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent HAGERTY, JOHN 4400 EL CONQUISTADOR PKY BRADENTON, FL 34210		7. Name and Address of New Registered Agent Name: ARGUS PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable): 2477 STICHNEY PL RD # 118 A City: SARASOTA FL Zip Code: 34231	
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: 		DATE: _____	
Filing Fee is \$61.25 Due by May 1, 2006		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: PD NAME: QUIQLEY, JAMES B STREET ADDRESS: 6615 BUTLERS CREST DR CITY-ST-ZIP: BRADENTON, FL 34203	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: BASIL SCOTT STREET ADDRESS: 6634 BUTLERS CREST DR CITY-ST-ZIP: Bradenton FL 34203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: FISHER, ROBERT STREET ADDRESS: 6663 BUTLERS CREST CITY-ST-ZIP: BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE: Vice President NAME: Donald OTT STREET ADDRESS: 6645 Butlers Crest Dr CITY-ST-ZIP: Bradenton, FL 34203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: SHETH, RAKER STREET ADDRESS: 6624 BUTLERS CREST DR CITY-ST-ZIP: BRADENTON, FL 34203	<input checked="" type="checkbox"/> Delete	TITLE: Treasurer NAME: Michael Hobmann STREET ADDRESS: 6655 Butlers Crest Dr CITY-ST-ZIP: Bradenton, FL 34203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: SCOTT, BASIL STREET ADDRESS: 6643 BUTLER'S CREST DR #32 CITY-ST-ZIP: BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE: Secretary NAME: Robert Fischer STREET ADDRESS: 6663 Butlers Crest Dr CITY-ST-ZIP: Bradenton FL 34203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: OTT, DONALD STREET ADDRESS: 6643 BUTLER'S CREST DR #8 CITY-ST-ZIP: BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE: Assistant Secretary NAME: Gary Keiper STREET ADDRESS: 4582 Butlers Crest Dr CITY-ST-ZIP: Bradenton FL 34203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input 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: 		Date: _____ Daytime Phone #: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			