


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90038 005 ****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**

20006072



2. Principal Place of Business - No P.O. Box #
2477 Stickney Point Rd

3. Mailing Address
2477 Stickney Point Rd

Suite, Apt. #, etc.
118 A

City & State
Sarasota, FL

Country
USA

Zip
34231

02192007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3495487

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ARGUS PROPERTY MGMT
 2477 STICKNEY PT. RD
 #118 A
 SARASOTA, FL 34231**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, BASIL		NAME	Fischer, Robert	
STREET ADDRESS	6634 BUTLERS CREST DR		STREET ADDRESS	663 Butlers Crest Dr	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTT, DONALD		NAME	Sheeh, Rakesh	
STREET ADDRESS	6643 BUTLERS CREST DR		STREET ADDRESS	6624 Butlers Crest Dr	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBMANN, MICHAEL		NAME		
STREET ADDRESS	6655 BUTLERS CREEK DR		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSCHER, ROBERT		NAME	McKenna, Mike	
STREET ADDRESS	6663 BUTLERS CREST DR		STREET ADDRESS	6651 Butlers Crest Dr	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEFER, GARY		NAME	Neffinger, Ed	
STREET ADDRESS	6502 BUTLERS CREST DR		STREET ADDRESS	6611 Butlers Crest Dr	
CITY-ST-ZIP	BRADENTON, FL 34203		CITY-ST-ZIP	Bradenton, FL 34203	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *R. J. [Signature]* **2/20/07 941-927-6464**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #