

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED

03 JUL 21 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N97000005310

1. Entity Name
THE PLANTATIONS AT TARA GOLF & COUNTRY CLUB ASSOCIATION, INC.



Principal Place of Business
2666 AIRPORT RD., S.
NAPLES, FL 34112

Mailing Address
2666 AIRPORT RD., S.
NAPLES, FL 34112

2. Principal Place of Business
4400 El Conquistador Pky
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Bradenton FL

City & State
Same

4. FEI Number
59-3495487

Applied For
 Not Applicable

Zip
34210

Country
Manatee

Zip
Same

Country

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

6. Name and Address of Current Registered Agent
HIGGS, WILLIAM T
2666 AIRPORT RD., S.
NAPLES, FL 34112

7. Name and Address of New Registered Agent
Name *John Hagerty*
Street Address (P.O. Box Number is Not Acceptable)
4400 El Conquistador Pky
City *Bradenton* FL Zip Code *34210*

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 *X [Signature]*
Signature, typed, printed name of registered agent and the fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW FEE IS \$61.25

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 D	<input checked="" type="checkbox"/> Delete
NAME HIGGS, WILLIAM T	
STREET ADDRESS 2666 AIRPORT RD S	
CITY-ST-ZIP NAPLES, FL 34112	
TITLE DVP	<input checked="" type="checkbox"/> Delete
NAME HIGGS, ANTONIA	
STREET ADDRESS 2666 AIRPORT RD S	
CITY-ST-ZIP NAPLES, FL 34112	
TITLE DP	<input checked="" type="checkbox"/> Delete
NAME AGNELLI, JOHN	
STREET ADDRESS 2666 AIRPORT RD S	
CITY-ST-ZIP NAPLES, FL 34112	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Bill Cunruff	
STREET ADDRESS 1106 Wingate Ct	
CITY-ST-ZIP Sarasota FL 34232	
TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME James Frazier	
STREET ADDRESS 6628 Butlers Crest Dr	
CITY-ST-ZIP Bradenton FL 34203	
TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Ken Sheth	
STREET ADDRESS 6624 Butlers Crest Dr	
CITY-ST-ZIP Bradenton FL 34203	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *William Cunruff* President *6/19/03* *941.758-9624*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)

7/1/22