

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

182

06 AUG -4 PM 5:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NSC



01232006 Chg-P CR2E034 (11/05)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                                                  |                                                                                                                                      |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P92000009945</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                                                                  |                                                                                                                                      |  |  |
| 1. Entity Name<br><b>TAMPA PALMS CLUB, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                                                  |                                                                                                                                      |                                                                                   |  |
| Principal Place of Business<br><b>3030 LBJ FREEWAY<br/>STE 1140<br/>DALLAS, TX 75234</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                                                                  | Mailing Address<br><b>3030 LBJ FREEWAY<br/>C/O TAX DEPT<br/>DALLAS, TX 75234 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<br><b>75-2457726</b>                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                                                  |                                                                                                                                      | Applied For<br>Not Applicable                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                                                  |                                                                                                                                      | \$8.75 Additional Fee Required                                                    |  |
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                                                  | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |                                                                                  |                                                                                                                                      |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                      | \$5.00 May Be Added to Fees                                                       |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>HOWE, DOUGLAS<br>3030 LBJ FRWY., #700<br>DALLAS, TX 75234 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | 200078485082<br>08/08/06--01066--003 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>TRIPOLI, TOM<br>3030 LBJ FRWY., #700<br>DALLAS, TX <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | JD<br>JACK LUTTON<br>3030 LBJ FRWY.<br>DALLAS, TX 75234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>HENSLEE, THOMAS<br>3030 LBJ FRWY., #700<br>DALLAS, TX <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>LOGMIRE, JEFF<br>3030 LBJ FRWY<br>DALLAS, TX 75234 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | T<br>KEVIN POWER<br>3030 LBJ FRWY.<br>DALLAS, TX 75234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 607, 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: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     | _____<br>THOMAS HENSLEE                                                          |                                                                                                                                      | 4.19.06 9722436191                                                                |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     | Date                                                                             |                                                                                                                                      | Daytime Phone #                                                                   |  |



292  
# P92000009945

July 12, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Notice of Intent to Dissolve  
See Attached List

Dear Sir or Madam:

I am writing in reference to the 37 **Notice of Intent to Dissolve** postcards we recently received. We respectfully request the penalty be waived and the notice be withdrawn for the following reasons.

Enclosed is a list of each entity, document numbers, check numbers and amounts for each annual report that was mailed on April 24, 2006. To date, none of the enclosed documents have been received by your office or returned to us. Enclosed please find copies of the Annual Reports, the original checks that were issued for each report and the Notices of Intent to Dissolve.

Although we do not have proof of mailing from the US Post Office, all reports were mailed on April 24, 2006. We believe all of the copies we've enclosed show we did make every effort to file the annual reports and pay all fees in a timely manner. If you review our history with the State of Florida, you will see a consistent pattern of timely reports filed year after year.

New checks have been issued and are included for each entity. If you receive any of the original checks on the enclosed list, do not deposit as a stop payment has been issued. Please return them to ClubCorp USA, Inc., %Debbie Thayer, P.O. Box 819087, Dallas, TX 75381.

If there are any questions or if further information is needed, please contact me at 972-888-7784.

Sincerely,

Debbie Thayer  
State Tax Assistant

Enclosures

91 7108 2133 3932 6829 0324

7/13/06 CERTIFIED RETURN RECEIPT