
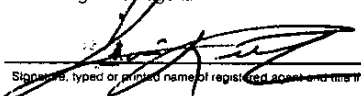



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90062 045 ****61.25

DOCUMENT # N36352 1. Entity Name TIGER ISLAND OWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 214 OTTER CREEK, FL 32683-0214			Mailing Address PO BOX 214 OTTER CREEK, FL 32683-0214		
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 59-2978921	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REED, DWIGHT 12711 CORNELL CT HUDSON, FL 34667			Name Jose Rubin Street Address (P.O. Box Number is Not Acceptable) 27427 Radloff Lane City DADE CITY FL Zip Code 33525		
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.</small>			DATE 3/4/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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 D NAME WRUCK, BILL STREET ADDRESS 10445 FLEMING ST. CITY-ST-ZIP BROOKSVILLE, FL 34614	<input type="checkbox"/> Delete		TITLE Vice President NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME REED, DWIGHT STREET ADDRESS 127 CORRELL CT CITY-ST-ZIP HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T NAME MARTINEZ, RAY STREET ADDRESS 3418 CULLENDALE DR. CITY-ST-ZIP TAMPA, FL 33618	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S NAME BURDICK, KEN STREET ADDRESS 33216 PUCKETT ST. CITY-ST-ZIP DADE CITY, FL 33523	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P NAME RUBIO, JOSE STREET ADDRESS 27424 RADOLOFF LN CITY-ST-ZIP DADE CITY, FL 33525	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME DOUGHERTY, DOUGLAS STREET ADDRESS 1555 BELLEAIR LANE CITY-ST-ZIP CLEARWATER, FL 33764	<input type="checkbox"/> Delete		<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/4/06		Daytime Phone # 813 961 8909