


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000000586**

1. Entity Name  
**TIGER BAY ESTATES COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**500 CARSWELL AVENUE  
 HOLLY HILL, FL 32117**

Mailing Address  
**500 CARSWELL AVENUE  
 HOLLY HILL, FL 32117**

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3571801** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STORCH, GLENN D  
 1620 S. CLYDE MORRIS BLVD. STE. 300  
 DAYTONA BEACH, FL 32119**

**DO NOT WRITE IN THIS SPACE**

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, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

UD00000101692  
 04/02/04-80024-001 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAMUELS, LOUIS P 500 CARSWELL AVENUE HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGER, SCOTT 200 W. 56TH ST, C/O CONTINUUM CO. NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STORCH, GLENN D 1620 S. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 517, 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:** *Louis P. Samuels* **LOUIS P. SAMUELS** 4/1/04 386/253-7627  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR