


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

FILED
May 05, 2003 8:00 am
Secretary of State

04-18-2003 90205 002 ****61.25

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STORCH, GLENN D 1620 S. CLYDE MORRIS BLVD. STE. 300 DAYTONA BEACH FL 32119		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25		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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUELS, LOUIS P	NAME	
STREET ADDRESS	500 CARSWELL AVENUE	STREET ADDRESS	
CITY - ST - ZIP	HOLLY HILL FL 32117	CITY - ST - ZIP	
TITLE	DTV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEBBY, ARNOLD E	NAME	
STREET ADDRESS	PO BOX 9761	STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32120	CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORCH, GLENN D	NAME	
STREET ADDRESS	1620 S. CLYDE MORRIS BLVD.	STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32119	CITY - ST - ZIP	
TITLE	SCOTT LAGER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	% CONTINUUM COMPANY	NAME	
STREET ADDRESS	200 WEST 56'TH STREET	STREET ADDRESS	
CITY - ST - ZIP	NYC, NY 10019	CITY - ST - ZIP	
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	
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 exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> SAMUELS		Date: APRIL 16, 2003 386/263-7627	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date City/State Phone #</small>	

CR2E037 (10/02)