

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721280

FILED  
May 11, 2010  
Secretary of State

**Entity Name:** CAPITAL TIGER BAY CLUB, INC.

**Current Principal Place of Business:**

3540 CLIFDEN DRIVE  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

3540 CLIFDEN DRIVE  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:** 59-1611105      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HENDRY, JEFF  
3540 CLIFDEN DRIVE  
TALLAHASSEE, FL 32309      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** COB  
**Name:** CARVAJAL, TONY  
**Address:** 3396 DEER LANE DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32312

**Title:** P  
**Name:** KLENA, CHRIS  
**Address:** 107 CHOCKSAKA NENE  
**City-St-Zip:** TALLAHASSEE, FL 32301

**Title:** DPD  
**Name:** HINKLE, LEE  
**Address:** 2916 ABBOTSFORD WAY  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** DPD  
**Name:** BARNES, CHARLIE  
**Address:** 1451 DENHOLM DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32312

**Title:** DPD  
**Name:** JUDELLE, ELISE  
**Address:** 201 S MONROE STREET, 5TH FLOOR  
**City-St-Zip:** TALLAHASSEE, FL 32301

**Title:** DPD  
**Name:** CENTER, TIM  
**Address:** 1218 CAMELLIA DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TONY CARVAJAL

COB

05/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date