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FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 741505 (2)

1. Corporation Name

THE SUNCOAST TIGER BAY CLUB, INC.

Principal Place of Business

Mailing Address

5310 4TH STREET NORTH  
ST. PETERSBURG FL 33703

5310 4TH STREET NORTH  
ST. PETERSBURG FL 33703-2916



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified  
02/01/1978

3a. Date of Last Report  
04/04/1996

4. FEI Number  
59-1906808

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS WHITEMAN, JR.  
5310 4TH STREET NORTH  
ST. PETERSBURG FL 33703

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE  
NAME RUGGLES, DOROTHY  
STREET ADDRESS 315 COURT ST  
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE MD ☐ DELETE  
NAME QUINN, JANELLE  
STREET ADDRESS 7310 SUNSHINE SKYWAY LN SO #212  
CITY-ST-ZIP ST PETERSBURG FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME THOMAS WHITEMAN, JR.  
STREET ADDRESS 5310 4TH ST. NO.  
CITY-ST-ZIP ST. PETERSBURG FL 33703

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD ☒ DELETE  
NAME MORGENSTEIN, BETTY  
STREET ADDRESS 9525 BLIND PASS ROAD #407  
CITY-ST-ZIP ST PETESBURGH BCH FL

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME SD  
4.3 STREET ADDRESS MELANIE TOPPE  
4.4 CITY-ST-ZIP 210 14th Avenue North  
St. Petersburg, FL 33701

TITLE PD ☒ DELETE  
NAME BURKE, KEN  
STREET ADDRESS 8640 SEMINOLE BLVD  
CITY-ST-ZIP SEMINOLE FL

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME VD  
5.3 STREET ADDRESS Jade T. Moore  
5.4 CITY-ST-ZIP 650 Seminole Blvd.  
Largo, FL 33770

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

THOMAS WHITEMAN, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # 0049876

CR2E037 (9/96)