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Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

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

24

25

29

30

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	<b>P</b> <del>XX</del> DELETE	1.1 TITLE	<b>VD</b> <del>XX</del> Change <input type="checkbox"/> Addition
NAME	<b>RUGGLES, DOROTHY</b>	1.2 NAME	<b>WILSON, GREGORY S.</b>
STREET ADDRESS	<b>315 COURT ST</b>	1.3 STREET ADDRESS	<b>610 78TH AVENUE</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	<b>ST. PETE BEACH, FL 33706</b>
TITLE	<b>MD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<del>XX</del> Change <input type="checkbox"/> Addition
NAME	<b>QUINN, JANELLE</b>	2.2 NAME	
STREET ADDRESS	<b>7310 SUNSHINE SKYWAY LN SO #212</b>	2.3 STREET ADDRESS	<b>6609 30TH STREET SOUTH</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	2.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33712</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS WHITEMAN, JR.</b>	3.2 NAME	
STREET ADDRESS	<b>5310 4TH ST. NO.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33703</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <del>XX</del> DELETE	4.1 TITLE	<del>XX</del> Change <input type="checkbox"/> Addition
NAME	<b>TOPPE, MELANIE</b>	4.2 NAME	<b>MARCIA S. COHEN</b>
STREET ADDRESS	<b>210 14TH AVE NORTH</b>	4.3 STREET ADDRESS	<b>111 2ND AVE. N.E.</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	4.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33703</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<del>XX</del> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, JADE T</b>	5.2 NAME	<b>PD</b>
STREET ADDRESS	<b>650 SEMINOLE BLVD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:

*Janelle Quinn*

Janelle Quinn 4/21/98 (813) 822-1001

CR2E037 (10/97)