

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754530

FILED  
Jan 17, 2006  
Secretary of State

Entity Name: 'TIGUA CAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

483-489 E. GULF DRIVE  
SANIBEL, FL 33957 US

**New Principal Place of Business:**

**Current Mailing Address:**

22 GREEN VALLEY DRIVE  
CHAGRIN FALLS, OH 44022 US

**New Mailing Address:**

FEI Number: 59-2305533

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORBETT, CHRIS  
148 BAYSHORE DRIVE  
CAPE CORAL, FL 33904 US

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

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: P ( ) Delete  
Name: KING, RAYMOND  
Address: 487 E. GULF DRIVE  
City-St-Zip: SANIBEL, FL 33957

Title: VP ( ) Delete  
Name: ROACH, CHARLES  
Address: 485 E. GULF DRIVE  
City-St-Zip: SANIBEL, FL 33957

Title: ST ( ) Delete  
Name: JONES, DAVID  
Address: 483 E. GULF DRIVE  
City-St-Zip: SANIBEL, FL 33957

Title: TR ( ) Delete  
Name: NORTON, GEORGE  
Address: 489 EAST GULF DR  
City-St-Zip: SANIBEL, FL 33957

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GEORGE J NORTON

TRES

01/17/2006

Electronic Signature of Signing Officer or Director

Date