

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90832 027 ****61.25

DOCUMENT # 764291

1. Entity Name
TIGER BAY CLUB OF TAMPA, INC.



Principal Place of Business
**TIGER BAY CLUB OF TAMPA
POST OFFICE BOX 1549
TAMPA, FL 33601**

Mailing Address
**C/O YOUNG, SUSAN, M
POST OFFICE BOX 1549
TAMPA, FL 33601 US**

40092798



04152007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
00-00000000000000000000000000000000

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**YOUNG, SUSAN M
3303 WEST EMPEDRADO, #2
TAMPA, FL 33629**

7. Name and Address of New Registered Agent

Name

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

7918 LITHIA PINECREST RD

City **LITHIA**

FL

Zip Code **33547**

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 **Susan M. Young**

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

(NOTE: Registered Agent signature required when reinstating)

4/26/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HURLEY, DAVID ☒ Delete
STREET ADDRESS 4503 S. CAMERON AVE.
CITY-ST-ZIP TAMPA, FL 33611

TITLE SD
NAME SHEPPARD, RONI M ☒ Delete
STREET ADDRESS 12004 LAKE RIDGE RD
CITY-ST-ZIP TAMPA, FL 33618

TITLE DO
NAME GUY, IRENE ☒ Delete
STREET ADDRESS 4711 S. HIME AVE., #2101
CITY-ST-ZIP TAMPA, FL 33611

TITLE D ☒ Delete
NAME YOUNG, SUSAN M
STREET ADDRESS 3303 W EMPEDRADO ST #2
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME APRIL SCHIFF
STREET ADDRESS 188 BLANCA AVE
CITY-ST-ZIP TAMPA, FL 33606

TITLE DVP ☐ Change ☒ Addition
NAME JAMES R. JORDAN JR.
STREET ADDRESS 605 PINE FOREST DR.
CITY-ST-ZIP BRANDON, FL 33511

TITLE DS ☐ Change ☒ Addition
NAME MICKEY CASTOR
STREET ADDRESS 13015 WHISPER BAY PL.
CITY-ST-ZIP TAMPA, FL 33618

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7918 LITHIA PINECREST RD
CITY-ST-ZIP LITHIA, FL 33547

TITLE DT ☐ Change ☒ Addition
NAME SAMANTHA WARD
STREET ADDRESS 8021 COSME RD
CITY-ST-ZIP ODESSA, FL 33556

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Susan M. Young

4/26/07

813-681-1600