2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 764291

Entity Name: TIGER BAY CLUB OF TAMPA, INC.

Current Principal Place of Business:

TIGER BAY CLUB OF TAMPA
POST OFFICE BOX 1549
TAMPA, FL 33601

New Principal Place of Business:

TIGER BAY CLUB OF TAMPA
NO PHYSICAL ADDRESS
TAMPA, FL 33601

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUNG, SUSAN M
7818 LITHIA PINECREST RD.
LITHIA, FL 33547 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: PD ( ) Delete
Name: SCHIFF, APRIL
Address: 188 BLANCA AVE
City-St-Zip: TAMPA, FL 33606

Title: DVP ( ) Delete
Name: STEINBERG, MICHAEL
Address: 1000 N ASHLEY DRIVE
City-St-Zip: TAMPA, FL 33602

Title: DS ( ) Delete
Name: CASTOR, MICKEY
Address: 13015 WHISPER BAY PL.
City-St-Zip: TAMPA, FL 33688

Title: D ( ) Delete
Name: YOUNG, SUSAN M
Address: 7818 LITHIA PINECREST DR.
City-St-Zip: LITHIA, FL 33547

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 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: SUSAN M. YOUNG O/D 04/29/2009
Electronic Signature of Signing Officer or Director — Date