


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766310 (7)

1. Corporation Name

THE TIGER BAY CLUB OF ORLANDO, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
C/O BETTY ANN BAZEMORE 733 CLIFFORD DRIVE ORLANDO FL 32804 US		733 CLIFFORD DRIVE ORLANDO FL 32804 US		12/20/1982	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-2241346	
22 City & State		27 City & State		Applied For	
23 Zip		28 Zip		Not Applicable	
25 Country		29 Country		30	
24		29		30	

5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing		<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BAZEMORE, BETTY ANN 733 CLIFFORD DRIVE STE 317 ORLANDO FL 32804		81 Name: BETTY ANN BAZEMORE 82 Street Address (P.O. Box Number is Not Acceptable): 733 CLIFFORD DRIVE 83 84 City: ORLANDO FL 85 Zip Code: 32804	

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: *Betty Ann Bazemore* DATE: 4/6/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYKKEBAK, DONALD	1.2 NAME	C. BEN TUCKER
STREET ADDRESS	390 N ORANGE AVE STE 2100	1.3 STREET ADDRESS	120 TRAFALGER PLACE
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V-PRESIDENT (1ST) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, KENNETH K.	2.2 NAME	DR. WAYNE WOLFSON
STREET ADDRESS	1519 FALCON COURT	2.3 STREET ADDRESS	1021 W. COLONIAL DR.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V-PRESIDENT (2ND) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLEUS, ROBERT J	3.2 NAME	ELESE SANFORD
STREET ADDRESS	255 S ORANGE AVE SUITE 1700	3.3 STREET ADDRESS	640 PARK LAKE STREET
CITY-ST-ZIP	ORLANDO FL 32801	3.4 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Sec. TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTAGLIA, WILLIAM P.	4.2 NAME	BETTY ANN BAZEMORE
STREET ADDRESS	1140 KEYES AVE.	4.3 STREET ADDRESS	733 CLIFFORD DRIVE
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME	GOFF, JIMMY	5.2 NAME	need 3d or 7s
STREET ADDRESS	1538 PICARDY PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME	Donald Lykkebak Dir.	6.2 NAME	Kenneth K. Frazier (1)
STREET ADDRESS	390 N. Orange Ave.	6.3 STREET ADDRESS	1519 FALCON COURT
CITY-ST-ZIP	Orlando, FL 32801	6.4 CITY-ST-ZIP	Orlando, FL 32803

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: *Betty Ann Bazemore* 2-25-98 407

CR2E037 (10/97)