


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State


02-03-2005 90037 005 ****61.25

DOCUMENT # 766310	
1. Entity Name THE TIGER BAY CLUB OF ORLANDO, INC.	

Principal Place of Business TIGER BAY CLUB P.O. BOX 2604 WINTER PARK, FL 32790 US	Mailing Address TIGER BAY CLUB P.O. BOX 2604 WINTER PARK, FL 32790 US
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2. Principal Place of Business	3. Mailing Address TIGER BAY CLUB
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. BOX 7706
City & State	City & State Orlando, Florida
Zip	Zip 32834-7706
Country	Country USA

40011000



01202005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2241346	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COWLES, BILL 119 WEST KALEY STREET ORLANDO, FL 32806

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

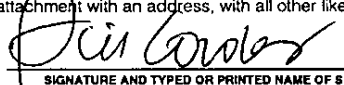
SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONHARDT, FRED	NAME	301 E. Pine Street, STE 1400
STREET ADDRESS	201 E PINE STREET STE 1200	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, ROSEANN	NAME	
STREET ADDRESS	829 WALNUT STREET	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, BILL	NAME	DEREK BRUCE
STREET ADDRESS	5218 ST. REGIS PLACE	STREET ADDRESS	301 E. Pine Street, SUITE 1400
CITY-ST-ZIP	ORLANDO, FL 32812	CITY-ST-ZIP	ORLANDO FL 32801
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, JIMMY	NAME	
STREET ADDRESS	1538 PICARDY PLACE	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWLES, BILL	NAME	
STREET ADDRESS	119 WEST KALEY STREET	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCALAEVEY, SHANNON	NAME	
STREET ADDRESS	1810 NEBRASKA STREET	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP	

12. 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 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:  **Bill Cowles** **TREASURER** **1/31/05** **407-254-6500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #