

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000009476

FILED  
Nov 14, 2006  
Secretary of State

Entity Name: TIGER BOOSTER CLUB, INC.

## Current Principal Place of Business:

198 TUPELO RD  
NAPLES, FL 34108 US

## New Principal Place of Business:

15989 OLD US HIGHWAY  
FT. MYERS, FL 33912 US

## Current Mailing Address:

198 TUPELO RD  
NAPLES, FL 34108 US

## New Mailing Address:

15989 OLD US HIGHWAY 41  
FT. MYERS, FL 34108 US

FEI Number: 20-1722477      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

SOUTHWEST PROFESSIONAL SERVICES OF S FL IN  
13571 MCGREGOR BLVD #22  
FORT MYERS, FL 33919 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: MITCHELL STOVING

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CHERNOCH, WALTER W  
Address: 198 TUPELO RD  
City-St-Zip: NAPLES, FL 34108 US

Title: VPD ( ) Delete  
Name: OBELDOBEL, MARSHA  
Address: 9747 COUNTRY OAKS DR  
City-St-Zip: NAPLES, FL 33912 US

Title: VPD ( ) Delete  
Name: WINGATE, ANGELA  
Address: 4557 E ALHAMBRA CIR  
City-St-Zip: NAPLES, FL 34103 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KLEIN, BONITA R  
Address: 509 92ND AVENUE  
City-St-Zip: NAPLES, FL 34108 US

Title: S (X) Change ( ) Addition  
Name: ELIAS, LAURA  
Address: 3773 LIBERTY SQUARE  
City-St-Zip: FT. MYERS, FL 33908 US

Title: T (X) Change ( ) Addition  
Name: LIVINGSTONE, TRACY  
Address: 24000 MOUNTAIN VIEW DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135 US

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: BONITA R. KLEIN

PD

11/14/2006

Electronic Signature of Signing Officer or Director

Date