2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2009
Secretary of State

DOCUMENT# N04000009476

Entity Name: TIGER BOOSTER CLUB, INC.

Current Principal Place of Business:

15989 OLD US HIGHWAY
FT. MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

Title: T ( ) Delete
Name: BAXTER, CARRIE
Address: 18160 HORSESHOE BAY CIRCLE
City-St-Zip: FT. MYERS, FL 33912 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SHINN, ELEINA
Address: 7227 COCA SABAL LANE
City-St-Zip: FORT MYERS, FL 33908 US

Title: VP (X) Change ( ) Addition
Name: PATEL, SUZI
Address: 8729 PASE DE VALENCIA
City-St-Zip: FORT MYERS, FL 33908 US

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

Title: T ( ) Change (X) Addition
Name: SMITH, STACY
Address: 2428 MCGREGOR BLVD.
City-St-Zip: FORT MYERS, FL 33901 US

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: STACY SMITH T 07/22/2009

Electronic Signature of Signing Officer or Director — Date