

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12841** (5)

1. Corporation Name

TIGER BAY CLUB OF COLLIER COUNTY, INC.



Principal Place of Business

Mailing Address

% N. REX ASHLEY, CPA
1044 CASTELLO DR., STE. 106
NAPLES FL 33940
US

% N. REX ASHLEY, CPA
1044 CASTELLO DR., STE. 106
NAPLES FL 33940
US

3. Date Incorporated or Qualified
12/19/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0125950

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24 Zip **34103**

Country

29 Zip **34103**

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASHLEY, N. REX, CPA
1044 CASTELLO DR
STE. 106
NAPLES FL 33940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code **34103**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **MCLAUGHLIN, JAMES**
CITY - ST - ZIP **776 KETCH DR. NAPLES FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **MOATES, ROBERT C.**
CITY - ST - ZIP **4082 BELAIR LANE NAPLES FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **SD 7**
STREET ADDRESS **ASHLEY, N. REX**
CITY - ST - ZIP **1044 CASTELLO DR., #106 NAPLES FL**

3.1 TITLE **STD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP **34103**

TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **WEIL, GILBERT**
CITY - ST - ZIP **575 PINE GROVE LANE NAPLES FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **TD**
STREET ADDRESS **HALL, HAROLD**
CITY - ST - ZIP **1082 RAINBOW DR. NAPLES FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N Rex Ashley
Secretary
8/2/96 9412617300

Date

Daytime Phone #