



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N12841 1. Entity Name TIGER BAY CLUB OF COLLIER COUNTY, INC.			
Principal Place of Business % N. REX ASHLEY, CPA 1044 CASTELLO DR., STE. 106 NAPLES, FL 34103 US		Mailing Address % N. REX ASHLEY, CPA 1044 CASTELLO DR., STE. 106 NAPLES, FL 34103 US	
DO NOT WRITE IN THIS SPACE		 03092005 No Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent ASHLEY, N. REX, CPA 1044 CASTELLO DR STE. 106 NAPLES, FL 34103		DO NOT WRITE IN THIS SPACE	
		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
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	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VD MCLAUGHLIN, JAMES 7079 SUGAR MAGNOLIA CIR NAPLES, FL 34109		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PD MOATES, ROBERT C. 458 SHARWOOD DRIVE NAPLES, FL 34110		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	STD ASHLEY, N. REX 1044 CASTELLO DR., #106 NAPLES, FL		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>			
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.		000000328614 04/25/05-80083-019 61.25	
SIGNATURE: <i>N Rex Ashley</i> N Rex Ashley <i>4/20/05</i> 239-261-7200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <small>Daytime Phone #</small>	