


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #N12841</b> 1. Entity Name <b>TIGER BAY CLUB OF COLLIER COUNTY, INC.</b>					
Principal Place of Business <b>% N. REX ASHLEY, CPA</b> <b>1044 CASTELLO DR., STE. 106</b> <b>NAPLES, FL 34103 US</b>			Mailing Address <b>% N. REX ASHLEY, CPA</b> <b>1044 CASTELLO DR., STE. 106</b> <b>NAPLES, FL 34103 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0125950</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ASHLEY, N. REX, CPA</b> <b>1044 CASTELLO DR</b> <b>STE. 106</b> <b>NAPLES, FL 34103</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCLAUGHLIN, JAMES</b>		NAME		
STREET ADDRESS	<b>7079 SUGAR MAGNOLIA CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34109</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOATES, ROBERT C.</b>		NAME		
STREET ADDRESS	<b>458 SHARWOOD DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34110</b>		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ASHLEY, N. REX</b>		NAME		
STREET ADDRESS	<b>1044 CASTELLO DR., #106</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL</b>		CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>N Rex Ashley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4/25/06</i> Daytime Phone #: <i>239-261-7200</i>		



03022006 Chg-NP CR2E037 (11/05)

4. FEI Number  
65-0125950

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**FL**

Zip Code

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, JAMES	
STREET ADDRESS	7079 SUGAR MAGNOLIA CIR	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOATES, ROBERT C.	
STREET ADDRESS	458 SHARWOOD DRIVE	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ASHLEY, N. REX	
STREET ADDRESS	1044 CASTELLO DR., #106	
CITY-ST-ZIP	NAPLES, FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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**SIGNATURE:** *N Rex Ashley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/25/06* Daytime Phone #: *239-261-7200*