

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12841

FILED
Apr 21, 2009
Secretary of State

Entity Name: TIGER BAY CLUB OF COLLIER COUNTY, INC.

Current Principal Place of Business:

% N. REX ASHLEY, CPA
1044 CASTELLO DR., STE. 106
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

% N. REX ASHLEY, CPA
1044 CASTELLO DR., STE. 106
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0125950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHLEY, N. REX, CPA
1044 CASTELLO DR
STE. 106
NAPLES, FL 34103 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: VD () Delete
Name: MCLAUGHLIN, JAMES
Address: 7079 SUGAR MAGNOLIA CIR
City-St-Zip: NAPLES, FL 34109

Title: PD () Delete
Name: MOATES, ROBERT C.
Address: 458 SHARWOOD DRIVE
City-St-Zip: NAPLES, FL 34110

Title: STD () Delete
Name: ASHLEY, N. REX
Address: 1044 CASTELLO DR., #106
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCLAUGHLIN, JAMES
Address: 7079 SUGAR MAGNOLIA CIR
City-St-Zip: NAPLES, FL 34109

Title: PPD (X) Change () Addition
Name: MOATES, ROBERT C.
Address: 458 SHARWOOD DRIVE
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: N REX ASHLEY

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04/21/2009

Electronic Signature of Signing Officer or Director

Date