## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N14490

FILED Feb 11, 2005 Secretary of State

Entity Name: SPACE COAST TIGER BAY CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O BRUCE JACOBUS 2380 BROOKSIDE WAY INDIANLANTIC, FL 32903 US **New Mailing Address: Current Mailing Address:** C/O BRUCE JACOBUS P O BOX 373084 SATELLITE BCH, FL 32903 US FEI Number: 59-2727234 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIELVOGEL, LEONARD 101 S. COURTENAY PARKWAY SUITE 201 MERRITT ISLAND, FL 32952 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GATTO, PAM Name: Name: 15 W HIBISCUS BLVD. Address: Address: MELBOURNE, FL 32901 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete GRIESBAUM, JACK Name: MERRILEES, BOB Name: Address: 3669 MUIRFIELD RD. Address: 1735 S. SHELTER DR. City-St-Zip: TITUSVILLE, FL 327803443 City-St-Zip: MERRITT ISLAND, FL 32952 Title: () Delete Title: () Change () Addition GALEY, FRED Name: Name: 680 WOODBRIDGE DR Address: Address: City-St-Zip: MELBOURNE, FL City-St-Zip: ( ) Delete Title: Title: () Change () Addition ANDERSON, JOHN Name: Name: Address: 1837 N ATLANTIC AVE Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: Title: ( ) Delete Title: () Change () Addition BURK, KAY Name: Name: 2725 FRAN JAMIESON WAY Address: Address: MELBOURNE, FL 32940 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition DOWNEY, BOB DOWNEY, BOB Name: Name: Address: 515 ANDROS LANE Address: 515 ANDROS LANE INDIAN HARBOR BEACH, FL 32937 INDIAN HARBOR BEACH, FL 32937 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAMELA GATTO VP 02/11/2005