2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15373

Entity Name: TIGER TOUCHDOWN CLUB, INC.

Apr 17, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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20 NORTH RIVER ROAD 2801 S. KANNER HWY STUART, FL 34996 STUART, FL 34994

Current Mailing Address: New Mailing Address:

20 NORTH RIVER ROAD P O BOX 2159

STUART, FL 34996 STUART, FL 34995-215 US

FEI Number: 65-0075611 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:

CLIFFORD, CHRISTOPHER BRITTON, JAMES T MR 20 NORTH RIVER ROAD 477 SW RIVERWAY BLVD STUART, FL 34996 PALM CITY, FL 34990

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: MR. JAMES T. BRITTON 04/17/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition CLIFFORD, CHRISTOPHER BRITTON, JAMES T Name: Name:

20 NORTH RIVER ROAD Address: 477 SW RIVERWAY BLVD Address: City-St-Zip: STUART, FL 34996 US City-St-Zip: PALM CITY, FL 34990 US

(X) Change () Addition Title: SD () Delete Title:

Name: CLIFFORD, JODY Name: BRITTON, SHERYL H Address: 20 NORTH RIVER ROAD Address: 477 SW RIVERWAY BLVD City-St-Zip: STUART, FL 34996 US City-St-Zip: PALM CITY, FL 34990 US

Title: SD () Delete Title: **TRES** (X) Change () Addition BALTES, MARY Name: BALTES, MARY Name:

3624 SW SUNSET TRACE 3624 SW SUNSET TRACE Address: Address:

City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 US

Title: () Delete Title: () Change (X) Addition

Name: Name: KNEPPER, MICHAEL 3517 SW THISTLEWOOD LANE Address: Address: City-St-Zip: City-St-Zip: PALM CITY, FL 34990 US

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: JAMES T. BRITTON PD 04/17/2005