

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15373

FILED
May 31, 2009
Secretary of State

Entity Name: TIGER TOUCHDOWN CLUB, INC.

Current Principal Place of Business:

2801 S. KANNER HWY
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2159
STUART, FL 34995 US

New Mailing Address:

FEI Number: 65-0075611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MULVANERTON, PATRICIA
825 SW LIGHTHOUSE DR
PALM CITY, FL 34990 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: PRES () Delete
Name: JONES, WILLIAM
Address: 5080 SW LANDING CRECE DR
City-St-Zip: PALM CITY, FL 34990 US

Title: SEC () Delete
Name: BONADEO, DENISE S
Address: 6983 SW CINNAMON CT
City-St-Zip: STUART, FL 34997 US

Title: TRES () Delete
Name: MUWANERTON, PATRICIA
Address: 825 LIGHTHOUSE DR
City-St-Zip: PALM CITY, FL 34990 US

Title: VP () Delete
Name: STRACK, ELIZABETH C
Address: 1927 SW STATFORDWAY
City-St-Zip: PALM CITY, FL 34990 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DIEKMAN, WADE
Address: 526 SW RUSTIC CIRCLE
City-St-Zip: STUART, FL 34997 US

Title: SEC (X) Change () Addition
Name: HUDZINA, KATHY
Address: 3461 SW ISLEWORTH CIRCLE
City-St-Zip: PALM CITY, FL 34990 US

Title: TRES (X) Change () Addition
Name: MULVANERTON, PATRICIA
Address: 825 LIGHTHOUSE DR
City-St-Zip: PALM CITY, FL 34990 US

Title: VP (X) Change () Addition
Name: BAKER, KIM
Address: 2239 SW MANELE PLACE
City-St-Zip: PALM CITY, FL 34990 US

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: PATRICIA MULVANERTON

TRES

05/31/2009

Electronic Signature of Signing Officer or Director

Date