


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90146 021 ****61.25

DOCUMENT # N22639
 1. Entity Name
TIGER BAY CLUB OF VOLUSIA COUNTY, INC.



Principal Place of Business
598 ANDREWS STREET
ORMOND BEACH, FL 32174 US

Mailing Address
598 ANDREWS STREET
ORMOND BEACH, FL 32174 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4282008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2858160

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



6. Name and Address of Current Registered Agent
MARTENS, MARIC
441 SEABREEZE BLVD
DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is **\$61.25** Due by **May 1, 2008**

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 P NAME ROSE, JIM STREET ADDRESS 222 SEABREEZE BLVD CITY-ST-ZIP DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Delete
TITLE DP NAME GILMAN, CANDY STREET ADDRESS 845 PELICAN BAY DR CITY-ST-ZIP DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Delete
TITLE SD NAME LYON, MARGARET STREET ADDRESS 478 RIVERSIDE DR CITY-ST-ZIP ORMOND BCH, FL 32176	<input type="checkbox"/> Delete
TITLE DT NAME MARTENS, MARK STREET ADDRESS 441 SEABREEZE BLVD CITY-ST-ZIP DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete
TITLE D NAME HEEBNER, PETER STREET ADDRESS 523 NORTH HALIFAX CITY-ST-ZIP DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME Castello, Fred STREET ADDRESS Tomoka Cove Way CITY-ST-ZIP Ormond-Beach, FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME Jans, Karen STREET ADDRESS 312 Georgetown Dr. CITY-ST-ZIP Daytona Beach, FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DT NAME Hagstrom, Lorna Jean STREET ADDRESS 921 S. Hill Ave CITY-ST-ZIP Deland, FL 32724	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME Martens, Mark STREET ADDRESS 441 Seabreeze Blvd. CITY-ST-ZIP Daytona Beach, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME Heebner, Peter STREET ADDRESS 523 North Halifax CITY-ST-ZIP Daytona Beach, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Mark Martens - Director + Reg. Agent, 4/30/2008 386-254-7205
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #