

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22639

FILED  
Apr 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

598 ANDREWS STREET  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

598 ANDREWS STREET  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

FEI Number: 59-2858160      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTENS, MARIC  
441 SEABREEZE BLVD  
DAYTONA BEACH, FL 32118 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: P ( ) Delete  
Name: COSTELLO, FRED  
Address: 1 TOMOKA COVE WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: V ( ) Delete  
Name: JANS, KAREN  
Address: 312 GEORGETOWN DR  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: SD ( ) Delete  
Name: LYON, MARGARET  
Address: 476 RIVERSIDE DR  
City-St-Zip: ORMOND BCH, FL 32176

Title: D ( ) Delete  
Name: MARTENS, MARK  
Address: 441 SEABREEZE BLVD  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: V ( ) Delete  
Name: HEEBNER, PETER  
Address: 523 NORTH HALIFAX  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: DT ( ) Delete  
Name: HAGSTROM, LORNA J  
Address: 921 S HILL AVE  
City-St-Zip: DELAND, FL 32724

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: MARC MARTENS

Electronic Signature of Signing Officer or Director

DIR

04/30/2009

\_\_\_\_\_ Date