

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32110** (1)
1. Corporation Name
CFCC TIGER BAY CLUB, INC.



Principal Place of Business 3001 S.W. COLLEGE ROAD OCALA FL 34474	Mailing Address 3001 S.W. COLLEGE ROAD OCALA FL 34474
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 05/04/1989	3a. Date of Last Report 01/31/1996
				4. FEI Number 59-2956843	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KLEIN, HARVEY R 333 NW 3 AVE OCALA FL 34475		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DEBOISBLANC, JUDITH <input checked="" type="checkbox"/> DELETE	1.1 TITLE President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME DEBOISBLANC, JUDITH		1.2 NAME Buchanan, Bob	
STREET ADDRESS 21 N MAGNOLIA AVE		1.3 STREET ADDRESS 2100 S.E. 17th St.	
CITY-ST-ZIP OCALA FL		1.4 CITY-ST-ZIP Ocala, FL 34471	
TITLE D	KLEIN, HARVEY R. <input type="checkbox"/> DELETE	2.1 TITLE KLEIN, HARVEY <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KLEIN, HARVEY R.		2.2 NAME 333 NW 3RD AVE	
STREET ADDRESS 333 NW 3RD AVE		2.3 STREET ADDRESS OCALA, FL. 34475	
CITY-ST-ZIP OCALA FL		2.4 CITY-ST-ZIP OCALA, FL. 34475	
TITLE D	AYRES, BENJAMIN <input checked="" type="checkbox"/> DELETE	3.1 TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME AYRES, BENJAMIN		3.2 NAME Dr. Don Hunt	
STREET ADDRESS 2100 SE 17 STR		3.3 STREET ADDRESS P.O. Box 1388 N/A	
CITY-ST-ZIP OCALA FL		3.4 CITY-ST-ZIP Ocala, FL 34478	
TITLE D	LASKY, JOSEPH <input checked="" type="checkbox"/> DELETE	4.1 TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME LASKY, JOSEPH		4.2 NAME Dr. Tom Weaver	
STREET ADDRESS 1404 NE 42AVE		4.3 STREET ADDRESS P.O. Box 1388 N/A	
CITY-ST-ZIP OCALA FL		4.4 CITY-ST-ZIP Ocala, FL 34478	
TITLE DT	ENGELHARDT, LISA <input type="checkbox"/> DELETE	5.1 TITLE Wiedemer, Lisa <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ENGELHARDT, LISA		5.2 NAME P.O. Box 1388 N/A	
STREET ADDRESS PO BOX 1388 NA		5.3 STREET ADDRESS Ocala, FL 34478	
CITY-ST-ZIP OCALA FL		5.4 CITY-ST-ZIP Ocala, FL 34478	
TITLE P	KILGORE, TRISH <input type="checkbox"/> DELETE	6.1 TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KILGORE, TRISH		6.2 NAME KILGORE, TRISH	
STREET ADDRESS 949 SE 10 LANE		6.3 STREET ADDRESS 949 SE 10 LANE	
CITY-ST-ZIP OCALA FL		6.4 CITY-ST-ZIP OCALA, FL. 34471	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED WIEDEMER 8/2/97 352-232-2111

CR2E037 (4/97)