

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90040 015 ****61.25

DOCUMENT # N36352

1. Entity Name
TIGER ISLAND OWNERS ASSOCIATION, INC.



Principal Place of Business
**PO BOX 214
OTTER CREEK, FL 32683-0214**

Mailing Address
**PO BOX 214
OTTER CREEK, FL 32683-0214**



03272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2978921

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REED, DWIGHT
12711 CORNELL CT
HUDSON, FL 34667**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WRUCK, BILL
STREET ADDRESS	10445 FLEMING ST.
CITY- ST- ZIP	BROOKSVILLE, FL 34614
TITLE	VP
NAME	REED, DWIGHT
STREET ADDRESS	127 CORRELL CT
CITY- ST- ZIP	HUDSON, FL 34667
TITLE	T
NAME	MARTINEZ, RAY
STREET ADDRESS	3418 CULLENDALE DR.
CITY- ST- ZIP	TAMPA, FL 33618
TITLE	S
NAME	BURDICK, KEN
STREET ADDRESS	33216 PUCKETT ST.
CITY- ST- ZIP	DADE CITY, FL 33523
TITLE	P
NAME	RUBIO, JOSE
STREET ADDRESS	27424 RADOLOFF LN
CITY- ST- ZIP	DADE CITY, FL 33525
TITLE	D
NAME	BURDICK, KEN Dougherty, Douglas
STREET ADDRESS	33216 PUCKETT ST 1555 Belleair Lane
CITY- ST- ZIP	DADE CITY, FL 33523 Clearwater, FL 33764

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IN THIS SPACE**

12. I 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 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: Ray Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/05 (813) 961-8909
Date Daytime Phone #