

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000079

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** TIGER ISLAND ESTATES, INC.

**Current Principal Place of Business:**

2070 GORDON DRIVE  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11209  
NAPLES, FL 34101 US

**New Mailing Address:**

**FEI Number:** 65-0382481 **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:**

HART, STEPHEN  
4985 EAST TAMIAMI TRAIL  
NAPLES, FL 34113 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: PD ( ) Delete  
Name: OVERBECK, JOE  
Address: 8072 TIGER LILY DRIVE  
City-St-Zip: NAPLES, FL 34113 US

Title: VD ( ) Delete  
Name: LOMONTE, FRANK  
Address: 7101 PEACH BLOSSOM CT  
City-St-Zip: NAPLES, FL 34113

Title: SD ( ) Delete  
Name: TREMBLEY, DICK  
Address: 7967 TIGER LILY DRIVE  
City-St-Zip: NAPLES, FL 34113

Title: TD ( ) Delete  
Name: BALICKI, FRANK  
Address: 7979 TIGER LILY DR  
City-St-Zip: NAPLES, FL 34113

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

Title: VD (X) Change ( ) Addition  
Name: ARDUIN, ART  
Address: 6983 MAUNA LOA LANE  
City-St-Zip: NAPLES, FL 34113 US

Title: PD (X) Change ( ) Addition  
Name: LOMONTE, FRANK  
Address: 7101 PEACH BLOSSOM CT  
City-St-Zip: NAPLES, FL 34113

Title: SD (X) Change ( ) Addition  
Name: PEDRETTI, CHARLES  
Address: 6931 MAUNA LOA LANE  
City-St-Zip: NAPLES, FL 34113

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK LOMONTE

PD

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date