

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000079

FILED
Apr 15, 2009
Secretary of State

Entity Name: TIGER ISLAND ESTATES, INC.

Current Principal Place of Business:

7979 TIGER LILY DRIVE
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMiami TRAIL E.
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 65-0382481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

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

Title: TDD () Delete
Name: PEDRETTI, CHARLES
Address: 6931 MAUNA LOA LANE
City-St-Zip: NAPLES, FL 34113

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

Title: D () Delete
Name: OGIBA, TOM
Address: 8060 TIGER LILY DRIVE
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TREMBLAY, DICK
Address: 7967 TIGER LILY DRIVE
City-St-Zip: NAPLES, FL 34113

Title: VD (X) Change () Addition
Name: BALICKI, FRANK
Address: 7979 TIGER LILY DR
City-St-Zip: NAPLES, FL 34113

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

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

Title: VD (X) Change () Addition
Name: PEREGOFF, JUDITH
Address: 7077 PEACH BLOSSOM COURT
City-St-Zip: NAPLES, FL 34113

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: DICK TREMBLAY

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date