

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90163 046 ****70.00

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DOCUMENT # N98000000586 1. Entity Name TIGER BAY ESTATES COMMUNITY ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business 500 CARSWELL AVENUE HOLLY HILL, FL 32117				Mailing Address 500 CARSWELL AVENUE HOLLY HILL, FL 32117																																																																																																																																																	
2. Principal Place of Business 1636 ROOSEVELT BLVD.		3. Mailing Address 1636 ROOSEVELT BLVD		Suite, Apt. #, etc.																																																																																																																																																	
City & State DAYTONA BCH., FL		City & State DAYTONA BCH., FL		4. FEI Number 59-3571801																																																																																																																																																	
Zip 32124		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent STORCH, GLENN D 1620 S. CLYDE MORRIS BLVD. STE. 300 DAYTONA BEACH, FL 32119				7. Name and Address of New Registered Agent Name JAMES WESCHKE Street Address (P.O. Box Number is Not Acceptable) 1636 ROOSEVELT BLVD. City DAYTONA BCH., FL Zip Code 32124																																																																																																																																																	
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 <div style="display: flex; justify-content: space-between; font-size: small;"> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE </div>																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																	
Make check payable to Florida Department of State																																																																																																																																																					
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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: <div style="display: flex; justify-content: space-between; font-size: small;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 04/29/05 Daytime Phone # </div>																																																																																																																																																					