

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001880

FILED
Feb 20, 2006
Secretary of State

Entity Name: FRIENDS OF TIGERTAIL BEACH, INC.

Current Principal Place of Business:

348 COLONIAL AVE.
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 722
MARCO ISLAND, FL 34146

New Mailing Address:

FEI Number: 59-3515960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMAN, CHARLETTE
348 COLONIAL AVE.
MARCO ISLAND, FL 341451921 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: D () Delete
Name: LOCASCIO, JULIE
Address: 240 SEAVIEW CT. 606
City-St-Zip: MARCO ISLAND, FL 34145

Title: VP () Delete
Name: APY, KATHY
Address: 949 SPRUCE AVE.
City-St-Zip: MARCO ISLAND, FL 34145

Title: T () Delete
Name: DALY, CINDY
Address: 800 CAXAMBAS DR.
City-St-Zip: MARCO ISLAND, FL 34145

Title: S () Delete
Name: KUBAT, KEN
Address: 900 HERON CT.
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: STONE, RICHARD
Address: 21 HICKORY CT.
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: REILEY, JEAN
Address: 426 SPINNAKER DR.
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COLOMBO, RUSS
Address: 755 PLANTATION CT.
City-St-Zip: MARCO ISLAND, FL 34145

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

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

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

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: CHARLETTE ROMAN

PRES

02/20/2006

Electronic Signature of Signing Officer or Director

Date