

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753152 (8)

1. Corporation Name

TIGER CREEK OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2580 TIGER CREEK FOREST
LAKE WALES FL 338532580 TIGER CREEK FOREST
LAKE WALES FL 33853-55103. Date Incorporated or Qualified
06/27/19803a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1376889

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHANDLEY, CINDY
4640 TIGER CREEK FOREST
LAKE WALES FL 33853

81 Name

DON Lessard

82 Street Address (P.O. Box Number is Not Acceptable)

2320 Tiger Creek Forest

83

84 City

Lake Wales

FL

85 Zip Code

33853

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Don Lessard, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☒ DELETE
NAME	CHANDLEY, CINDY	
STREET ADDRESS	4640 TIGER CREEK FOREST	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	V	☒ DELETE
NAME	DICKEY, NORA	
STREET ADDRESS	4030 TIGER CREEK FOREST	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VP	☐ DELETE
NAME	ELLIS, MIKE	
STREET ADDRESS	4245 TIGER CREEK FOREST	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	TD	☒ DELETE
NAME	CHANDLEY, CINDY	
STREET ADDRESS	4640 TIGER CREEK FOREST	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	SD	☒ DELETE
NAME	DICKEY, NORA	
STREET ADDRESS	4030 TIGER CREEK FOREST	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	T	☐ DELETE
NAME	GROSSENBACHER, RUTH	
STREET ADDRESS	2760 TIGER CREEK FOREST	
CITY-ST-ZIP	LAKE WALES FL	

1.1 TITLE	President (P)	☒ Change ☐ Addition
1.2 NAME	Don Lessard (D)	
1.3 STREET ADDRESS	2320 Tiger Creek Forest	
1.4 CITY-ST-ZIP	Lake Wales, FL. 33853	
2.1 TITLE	1st Vice President (V)	☒ Change ☐ Addition
2.2 NAME	Mike Ellis (M)	
2.3 STREET ADDRESS	4245 Tiger Creek Forest	
2.4 CITY-ST-ZIP	Lake Wales, FL. 33853	
3.1 TITLE	2nd Vice President (V)	☒ Change ☐ Addition
3.2 NAME	Tim Steorts (T)	
3.3 STREET ADDRESS	4740 Tiger Creek Forest	
3.4 CITY-ST-ZIP	Lake Wales, FL. 33853	
4.1 TITLE	Secretary (S)	☒ Change ☐ Addition
4.2 NAME	Jennifer Heller (J)	
4.3 STREET ADDRESS	1510 Stevens Loop	
4.4 CITY-ST-ZIP	Babson Park, FL. 33827	
5.1 TITLE	Treasurer (T)	☐ Change ☐ Addition
5.2 NAME	Ruth Grossenbacher (R)	
5.3 STREET ADDRESS	2760 Tiger Creek Forest	
5.4 CITY-ST-ZIP	Lake Wales, FL. 33853	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jennifer Heller Jennifer Heller 1-9-97 941 638-1205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0083678

CR2E037 (9/96)