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03-02-1999 90051 021 *****8.75
03-02-1999 90051 022 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753152

1. Corporation Name
TIGER CREEK OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2580 TIGER CREEK FOREST LAKE WALES FL 33853	2580 TIGER CREEK FOREST LAKE WALES FL 33853

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
06/27/1980

4. FEI Number
59-1376889
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LESSARD, DON
2320 TIGER CREEK FOREST
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LESSARD, DON		1.2 NAME		
STREET ADDRESS	2320 TIGER CREEK FOREST		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ELLIS, MIKE		2.2 NAME		
STREET ADDRESS	4245 TIGER CREEK FOREST		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STEORTS, TIM		3.2 NAME		
STREET ADDRESS	4740 TIGER CREEK FOREST		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WAKES FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HELLER, JENNIFER		4.2 NAME		
STREET ADDRESS	1510 STEVENS LOOP		4.3 STREET ADDRESS		
CITY-ST-ZIP	BABSON PARK FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GROSSENBACHER, RUTH		5.2 NAME		
STREET ADDRESS	2760 TIGER CREEK FOREST		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GROSSENBACHER, RUTH		6.2 NAME		
STREET ADDRESS	2760 TIGER CREEK FOREST		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Jennifer Heller Jennifer Heller 1-13-99 (941)638-1205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #