

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90169 001 \*\*\*\*61.25  
 03-13-2001 90169 002 \*\*\*\*8.75

**DOCUMENT # 753152**

1. Entity Name

**TIGER CREEK OWNERS ASSOCIATION, INC.**

Principal Place of Business

**2580 TIGER CREEK FOREST  
 LAKE WALES FL 33853**

Mailing Address

**2580 TIGER CREEK FOREST  
 LAKE WALES FL 33853**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1376889**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LESSARD, DON  
 2320 TIGER CREEK FOREST  
 LAKE WALES FL 33853**

Name

**NANNEY, DON**

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

**2680 TIGER CREEK FOREST**

City

**LAKE WALES**

FL

Zip Code

**33853**

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.

SIGNATURE

*Don Nanney*

**DON NANNEY, PD**

**MARCH 1, 2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                          |                                            |
|------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LESSARD, DON<br>2320 TIGER CREEK FOREST<br>LAKE WALES FL           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>ELLIS, MIKE<br>4245 TIGER CREEK FOREST<br>LAKE WALES FL           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>STEORTS, TIM<br>4740 TIGER CREEK FOREST<br>LAKE WALES FL          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MADDOX, KAY<br>2540 TIGER CREEK FOREST<br>LAKE WALES FL 33853      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SPRADLEY, ELAINE<br>2120 TIGER CREEK FOREST<br>LAKE WALES FL 33853 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          | <input type="checkbox"/> Delete            |

|                                                |                                                                         |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>NANNEY, DON<br>2680 TIGER CREEK FOREST<br>LAKE WALES, FL 33853    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>MOXLEY, WAYNE<br>2920 TIGER CREEK FOREST<br>LAKE WALES, FL 33853 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>MADDOX, KAY<br>2540 TIGER CREEK FOREST<br>LAKE WALES, FL 33853   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>METZGER, LINDA<br>4635 TIGER CREEK FOREST<br>LAKE WALES, FL 33853 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

*Linda Metzger*

March 1, 2001

863-696-1829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)