

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90011 048 ****70.00

DOCUMENT # 753152 1. Entity Name TIGER CREEK OWNERS ASSOCIATION, INC.					
Principal Place of Business 2580 TIGER CREEK FOREST LAKE WALES, FL 33898			Mailing Address 2580 TIGER CREEK FOREST LAKE WALES, FL 33898		
2. Principal Place of Business 2580 TIGER CREEK TRAIL		3. Mailing Address 2580 TIGER CREEK TRAIL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip 33898	Country	Zip 33898	Country	4. FEI Number 59-1376889	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent NANNEY, DON 2680 PANTHER PASS LAKE WALES, FL 33898				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u><i>Don Nanney</i></u> Signature, typed or printed name of registered agent and title if applicable.				DATE: <u>4/1/04</u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOXLEY, WAYNE 2920 HAWK TRAIL LAKE WALES, FL 33898	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAILY, GLENN 2830 CARDINAL TRAIL LAKE WALES, FL 33898	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANKLIN, SANDRA 3030 TIGER CREEK TRAIL LAKE WALES, FL 33898	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPRADLEY, ELAINE 2120 QUAIL RUN LAKE WALES, FL 33898	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NANNEY, DON 2680 PANTHER PASS LAKE WALES, FL 33898	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALLY VAN METER 3040 TIGER CREEK TRAIL LAKE WALES, FL 33898	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALLY VAN METER 3040 TIGER CREEK TRAIL LAKE WALES, FL 33898	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALLY VAN METER 3040 TIGER CREEK TRAIL LAKE WALES, FL 33898	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALLY VAN METER 3040 TIGER CREEK TRAIL LAKE WALES, FL 33898	☐ Change ☐ 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: <u><i>Don Nanney</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: <u>4/1/04</u> Daytime Phone #: <u>863-696-2333</u>	

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