

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743974

Entity Name: TIGER POINT VILLAGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**908 GARDENGATE CIRCLE
PENSACOLA, FL 32504**Current Mailing Address:**908 GARDENGATE CIRCLE
PENSACOLA, FL 32504**FEI Number: 59-2869746****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ETHERIDGE, KEVIN
908 GARDENGATE CIRCLE
PENSACOLA, FL 32504 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	COAD, ALLAN
Address	3474 TIBET DRIVE
City-State-Zip:	GULF BREEZE FL 32563

Title	VICE-PRESIDENT
Name	ABSHIRE, WANDA
Address	3927 W MADURA ROAD
City-State-Zip:	GULF BREEZE FL 32563

Title	DIRECTOR
Name	BRYANT, LARRY
Address	3834 BANGKOK COVE
City-State-Zip:	GULF BREEZE FL 32563

Title	SECRETARY
Name	EARLY, CHERYL
Address	3911 W MADURA ROAD
City-State-Zip:	GULF BREEZE FL 32563

Title	DIRECTOR
Name	WATSON, JACK
Address	3485 TIBET DRIVE
City-State-Zip:	GULF BREEZE FL 32563

Title	DIRECTOR
Name	BALCH, BILL
Address	4014 W. MADURA ROAD
City-State-Zip:	GULF BREEZE FL 32563

Title	DIRECTOR
Name	BAER, MARK
Address	4068 W. MADURA ROAD
City-State-Zip:	GULF BREEZE FL 32563

I hereby 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 all other like empowered.

SIGNATURE: ALLAN COAD**PRESIDENT****04/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date