

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743974

Entity Name: TIGER POINT VILLAGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**225 N PACE BLVE
PENSACOLA, FL 32505**Current Mailing Address:**225 N PACE BLVE
PENSACOLA, FL 32505 US**FEI Number:** 59-2869746**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DORSEY, GLENN
225 N PACE BLVE
PENSACOLA, FL 32505 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:** GLENN DORSEY

03/28/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COAD, ALLAN
Address 225 N PACE BLVE
City-State-Zip: PENSACOLA FL 32505

Title VP
Name DIXON, JESSICA
Address 225 N PACE BLVE
City-State-Zip: PENSACOLA FL 32505

Title TREASURER
Name RONEY, LINDA
Address 225 N PACE BLVE
City-State-Zip: PENSACOLA FL 32505

Title SECRETARY
Name WATSON, JANET
Address 225 N PACE BLVE
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR
Name RONEY, JENNIFER
Address 225 N PACE BLVE
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR
Name PENICHTER, MARTIN
Address 225 N PACE BLVE
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR
Name HELMICH, SAM
Address 225 N PACE BLVE
City-State-Zip: PENSACOLA FL 32505

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

03/28/2024

Electronic Signature of Signing Officer/Director Detail

Date