

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **743974 (8)**  
1. Corporation Name  
**TIGER POINT VILLAGE HOMEOWNERS ASSOCIATION, INC.**

**300001740973**  
-03/13/96--01027--029  
\*\*\*61.25



Principal Place of Business Mailing Address  
**4711 SCENIC HIGHWAY SUITE A PENSACOLA FL 32504**

3. Date Incorporated or Qualified **06/18/1978** 3a. Date of Last Report **03/02/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

4. FEI Number **59-2869746** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MOORE, H HICKS**  
**\* 1185 GANGES TR**  
**GULF BREEZE FL 32561**

81 Name **KEVIN R ETHERIDGE**  
82 Street Address (P.O. Box Number is Not Acceptable) **ETHERIDGE PROPERTY MANAGEMENT**  
83 **4711-A SCENIC HIGHWAY**  
84 City **PENSACOLA, FL** 85 Zip Code **32504**

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHIFFLETTE, DON</b>	
STREET ADDRESS	<b>3790 BENDEL ROAD</b>	
CITY - ST - ZIP	<b>GULF BREEZE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JARRETT, BOB</b>	
STREET ADDRESS	<b>1312 TIGER LANE</b>	
CITY - ST - ZIP	<b>GULF BREEZE FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOORE, H HICKS</b>	
STREET ADDRESS	<b>1185 GANGES TR</b>	
CITY - ST - ZIP	<b>GULF BREEZE FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSON, DAVE</b>	
STREET ADDRESS	<b>4002 MANDURA EIGHT</b>	
CITY - ST - ZIP	<b>GULF BREEZE FL</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SIMMONS, PETE</b>	
STREET ADDRESS	<b>1197 GANGES TRAIL</b>	
CITY - ST - ZIP	<b>GULF BREEZE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TARVIN, AL</b>	
STREET ADDRESS	<b>3630 TIGER PT. BOULEVARD</b>	
CITY - ST - ZIP	<b>GULF BREEZE FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>DVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>H.P. SIMMONS</b>	
1.3 STREET ADDRESS	<b>3620 TIGER POINT BOULEVARD</b>	
1.4 CITY - ST - ZIP	<b>GULF BREEZE, FLORIDA 32561</b>	
2.1 TITLE	<b>DST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BILL HAMILTON</b>	
2.3 STREET ADDRESS	<b>3736 TIGER POINT BOULEVARD</b>	
2.4 CITY - ST - ZIP	<b>GULF BREEZE, FLORIDA 32561</b>	
3.1 TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>GLENN MONTGOMERY</b>	
3.3 STREET ADDRESS	<b>3710 CEYLON COURT</b>	
3.4 CITY - ST - ZIP	<b>GULF BREEZE, FLORIDA 32561</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ANNE PAYNE</b>	
4.3 STREET ADDRESS	<b>3633 TIGER POINT BOULEVARD</b>	
4.4 CITY - ST - ZIP	<b>GULF BREEZE, FLORIDA 32561</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>TRAVIS MCDONALD</b>	
5.3 STREET ADDRESS	<b>3639 TIGER POINT BOULEVARD</b>	
5.4 CITY - ST - ZIP	<b>GULF BREEZE, FLORIDA 32561</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>DAN ROSS</b>	
6.3 STREET ADDRESS	<b>3724 BENGAL ROAD</b>	
6.4 CITY - ST - ZIP	<b>GULF BREEZE - FLORIDA 32561</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* **GLENN MONTGOMERY** FEBRUARY 26, 1996 904-434-3585

CR2E037 (12/95)

*[Handwritten initials]*