

FILE NOW: FILING FEE IS \$61.25

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Mar 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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

Principal Place of Business: **KEVIN ETHERIDGE**  
Mailing Address: **KEVIN ETHERIDGE**

2. Principal Place of Business 21 3298 SUMMIT BLVD. State, Apt #, etc. 22 SUITE 4 City & State 23 PENSACOLA, FL. Zip 24 32503	2a. Mailing Address 26 3298 SUMMIT BLVD. Suite, Apt #, etc. 27 SUITE 4 City & State 28 PENSACOLA, FL. Zip 29 32503	3. Date Incorporated or Qualified <b>08/18/1978</b>	3a. Date of Last Report
4. FEI Number <b>59-2869746</b>	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	01 Name <b>KEVIN ETHERIDGE</b>
	02 Street Address (P.O. Box Number is Not Acceptable) <b>3298 SUMMIT BLVD.</b>
	03 <b>SUITE 4</b>
	04 City <b>PENSACOLA, FL</b>
	05 Zip Code <b>32503</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	P	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTGOMERY, GLENN	12 NAME	
STREET ADDRESS	3710 CEYLON COURT	13 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL. 32561	14 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	VP	24 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMONS, H. P.	22 NAME	
STREET ADDRESS	3620 TIGER POINT BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL. 32561	24 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	SP	34 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMILTON, BILL	32 NAME	
STREET ADDRESS	3736 TIGER POINT BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL. 32561	34 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	D	44 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSS, DAN	42 NAME	
STREET ADDRESS	3724 BENGAL ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL. 32561	44 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	D	54 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORSLEY, RICHARD	52 NAME	
STREET ADDRESS	3758 BENGAL ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, DFL. 32561	54 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	D	64 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADSHAW, KATIE	62 NAME	
STREET ADDRESS	3849 W. MADURA ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL. 32561	64 CITY-ST-ZIP	

*[Handwritten Signature]* 3-7-97

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14. I do 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 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: *Glenn H. Montgomery* Glenn Montgomery 2/27/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)