

FILE NOW: FILING FEE IS \$61.25

FILED

**May 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743974 (8)
 1. Corporation Name
TIGER POINT VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 3298 SUMMIT BLVD. SUITE 4 PENSACOLA FL 32503	Mailing Address 3298 SUMMIT BLVD. SUITE 4 PENSACOLA FL 32503
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3. Date Incorporated or Qualified 08/18/1978	Applied For Not Applicable
4. FEI Number 59-2869746	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ETHERIDGE, KEVIN
3298 SUMMIT BLVD.
SUITE 4
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 VP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SIMMONS, H. P		1.2 NAME Nicholas Zorn	
STREET ADDRESS 3620 TIGER POINT BOULEVARD		1.3 STREET ADDRESS 1207 Delhi Cove	
CITY-ST-ZIP GULF BREEZE FL 32561		1.4 CITY-ST-ZIP Gulf Breeze, Fl. 32561	
TITLE ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HAMILTON, BILL		2.2 NAME Travis McDonald	
STREET ADDRESS 3736 TIGER POINT BOULEVARD		2.3 STREET ADDRESS 3639 Tiger Point Blvd.	
CITY-ST-ZIP GULF BREEZE FL 32561		2.4 CITY-ST-ZIP Gulf Breeze, Fl. 32561	
TITLE P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MONTGOMERY, GLENN		3.2 NAME Magali Salimano	
STREET ADDRESS 3710 CEYLON COURT		3.3 STREET ADDRESS 3627 Tiger Point Blvd.	
CITY-ST-ZIP GULF BREEZE FL 32561		3.4 CITY-ST-ZIP Gulf Breeze, Fl. 32561	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORSLEY, RICHARD		4.2 NAME	
STREET ADDRESS 3756 BENGAL ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP GULF BREEZE FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRADSHAW, KATIE		5.2 NAME Katie Bradshaw	
STREET ADDRESS 3849 W. MADURA ROAD		5.3 STREET ADDRESS 3849 W. Madura Rd.	
CITY-ST-ZIP GULF BREEZE ROAD FL		5.4 CITY-ST-ZIP Gulf Breeze, Fl. 32561	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROSS, DAN		6.2 NAME Lisa Compton	
STREET ADDRESS 3724 BENGAL ROAD		6.3 STREET ADDRESS 3744 Ceylon	
CITY-ST-ZIP GULF BREEZE FL 32561		6.4 CITY-ST-ZIP Gulf Breeze, Fl. 32561	

14. 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 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 trustee, partner, or 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: *[Handwritten Signature]* **4-28-98 850-434-3585**

CP2E037 (10/97)