

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 <input type="checkbox"/> 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	1.1 TITLE
NAME	SIMMONS, H. P	1.2 NAME
STREET ADDRESS	3620 TIGER POINT BOULEVARD	1.3 STREET ADDRESS
CITY-ST-ZIP	GULF BREEZE FL 32561	1.4 CITY-ST-ZIP
TITLE	ST	2.1 TITLE
NAME	HAMILTON, BILL	2.2 NAME
STREET ADDRESS	3736 TIGER POINT BOULEVARD	2.3 STREET ADDRESS
CITY-ST-ZIP	GULF BREEZE FL 32561	2.4 CITY-ST-ZIP
TITLE	P	3.1 TITLE
NAME	MONTGOMERY, GLENN	3.2 NAME
STREET ADDRESS	3710 CEYLON COURT	3.3 STREET ADDRESS
CITY-ST-ZIP	GULF BREEZE FL 32561	3.4 CITY-ST-ZIP
TITLE	D	4.1 TITLE
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	5.1 TITLE
NAME	BRADSHAW, KATIE	5.2 NAME
STREET ADDRESS	3849 W. MADURA ROAD	5.3 STREET ADDRESS
CITY-ST-ZIP	GULF BREEZE ROAD FL	5.4 CITY-ST-ZIP
TITLE	D	6.1 TITLE
NAME	ROSS, DAN	6.2 NAME
STREET ADDRESS	3724 BENGAL ROAD	6.3 STREET ADDRESS
CITY-ST-ZIP	GULF BREEZE FL 32561	6.4 CITY-ST-ZIP

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nicholas Zorn	
1.3 STREET ADDRESS	1207 Delhi Cove	
1.4 CITY-ST-ZIP	Gulf Breeze, Fl. 32561	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Travis McDonald	
2.3 STREET ADDRESS	3639 Tiger Point Blvd.	
2.4 CITY-ST-ZIP	Gulf Breeze, Fl. 32561	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Magali Salimano	
3.3 STREET ADDRESS	3627 Tiger Point Blvd.	
3.4 CITY-ST-ZIP	Gulf Breeze, Fl. 32561	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Katie Bradshaw	
5.3 STREET ADDRESS	3849 W. Madura Rd.	
5.4 CITY-ST-ZIP	Gulf Breeze, Fl. 32561	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lisa Compton	
6.3 STREET ADDRESS	3744 Ceylon	
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 registered 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]*

4-28-98 850-434-3585

CR2E037 (10/97)