

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 743974**

1. Entity Name

**TIGER POINT VILLAGE HOMEOWNERS ASSOCIATION, INC.**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90370 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3298 SUMMIT BLVD.  
 SUITE 4  
 PENSACOLA FL 32503

3298 SUMMIT BLVD.  
 SUITE 4  
 PENSACOLA FL 32503-4350

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2869746**

Applied For

Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	TERRY, BOB	
STREET ADDRESS	1201 DELHI COVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MCDONALD, T	
STREET ADDRESS	36389 TIGER POINT BLVD	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDON, JAMES	
STREET ADDRESS	3920 TIGER POINT BLVD	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORSLEY, RICHARD	
STREET ADDRESS	3758 BENGAL ROAD	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	BRADSHAW, KATIE	
STREET ADDRESS	3849 W. MADURA ROAD	
CITY-ST-ZIP	GULF BREEZE ROAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMPTON, LISA	
STREET ADDRESS	3744 CEYTON	
CITY-ST-ZIP	GULF BREEZE FL 32561	

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Perdon	
STREET ADDRESS	1387 Calcutta Dr.	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kulia Leroy	
STREET ADDRESS	1307 Tiger Lane	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	D ST	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

850.434-3585

Daytime Phone #

CR2E037 (9/99)