

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743974

1. Entity 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 32503-4350

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

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** ☐ Delete
NAME **TERRY, BOB**
STREET ADDRESS **1201 DELHI COVE**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **Vice President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☐ Delete
NAME **MCDONALD, T**
STREET ADDRESS **36389 TIGER POINT BLVD**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HARDON, JAMES**
STREET ADDRESS **3920 TIGER POINT BLVD**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **FORSLEY, RICHARD**
STREET ADDRESS **3758 BENGAL ROAD**
CITY-ST-ZIP **GULF BREEZE FL**

TITLE **D President** ☐ Change ☒ Addition
NAME **David Perdon**
STREET ADDRESS **1387 Calcutta Dr.**
CITY-ST-ZIP **Gulf Breeze, FL 32561**

TITLE **DST** ☒ Delete
NAME **BRADSHAW, KATIE**
STREET ADDRESS **3849 W. MADURA ROAD**
CITY-ST-ZIP **GULF BREEZE ROAD FL**

TITLE **Kulia Leroy** ☐ Change ☐ Addition
NAME **1307 Tiger Lane**
STREET ADDRESS **Gulf Breeze, FL 32561**
CITY-ST-ZIP **D ST**

TITLE **D** ☐ Delete
NAME **COMPTON, LISA**
STREET ADDRESS **3744 CEYTON**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

4/21/00

850.434-3585