
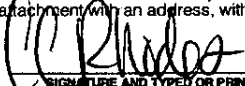


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90552 025 \*\*\*\*61.25

<b>DOCUMENT # 743974</b> 1. Entity Name <b>TIGER POINT VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business 3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503		Mailing Address 3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
<b>6. Name and Address of Current Registered Agent</b>  ETHERIDGE, KEVIN 3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE PD NAME BELLAMY, DALE STREET ADDRESS 3778 BENGAL RD CITY-ST-ZIP GULF BREEZE, FL 32561	<input checked="" type="checkbox"/> Delete	TITLE <u>D</u> NAME ELIZABETH MACON STREET ADDRESS 3820 SABERTOOTH CIRCLE CITY-ST-ZIP GULF BREEZE FL 32563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME REBIRDS, BILL STREET ADDRESS 3886 BANGKOK AVE CITY-ST-ZIP GULF BREEZE, FL 32561	<input checked="" type="checkbox"/> Delete	TITLE <u>PD</u> NAME C. C. DUSTY RHODES STREET ADDRESS 1390 CALCUTTA DR. CITY-ST-ZIP GULF BREEZE FL 32563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME WOOD, MIRIAM STREET ADDRESS 3746 BENGAL RD. CITY-ST-ZIP GULF BREEZE, FL 32563	<input type="checkbox"/> Delete	TITLE <u>VD</u> NAME DARCY MEREDETH STREET ADDRESS 3616 TIGER POINT BLVD. CITY-ST-ZIP GULF BREEZE FL 32563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BRYANT, LARRY STREET ADDRESS 3834 BANGKOK COVE CITY-ST-ZIP GULF BREEZE, FL 32563	<input type="checkbox"/> Delete	TITLE <u>D</u> NAME PAM BAIRD STREET ADDRESS 3763 BENGAL RD CITY-ST-ZIP GULF BREEZE, FL 32563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ODENBRETT, VINCE STREET ADDRESS 3705 TIGER PT BLVD. CITY-ST-ZIP GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete	TITLE <u>D</u> NAME RONALD WRIGHT STREET ADDRESS 3768 BENGAL RD CITY-ST-ZIP GULF BREEZE FL 32563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <u>D</u> NAME RICHARD FRY STREET ADDRESS 1324 CALCUTTA DR CITY-ST-ZIP GULF BREEZE FL 32563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> 		Date <u>4-20-04</u> Daytime Phone # <u>850 434-3585</u>	