
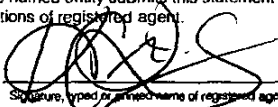
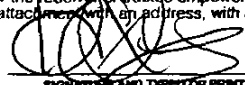


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90123 008 ****61.25

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 908 Gardengate Circle		Suite, Apt. #, etc. 908 Gardengate Circle	
City & State Pensacola, Florida		City & State Pensacola, Florida	
Zip 32504		Zip 32504	
Country		Country	
4. FEI Number 59-2869746		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ETHERIDGE, KEVIN 3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 908 Gardengate Circle City Pensacola	
State FL		Zip Code 32504	
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 		DATE 4/22/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	NAME BRYANT, LARRY	TITLE Director	NAME Patricia Tierney
STREET ADDRESS 3834 BANGKOK COVE	CITY-ST-ZIP GULF BREEZE, FL 32563	STREET ADDRESS 1205 Ganges Trail	CITY-ST-ZIP Gulf Breeze, FL 32563
TITLE VPD	NAME WOJTYK, RICK	TITLE Director	NAME Christopher Karher
STREET ADDRESS 3346 MAPLEWOOD DR	CITY-ST-ZIP GULF BREEZE, FL 32563	STREET ADDRESS 3727 Cayton Cove	CITY-ST-ZIP Gulf Breeze, FL 32563
TITLE D	NAME WOOD, GRANT	TITLE Director	NAME Martha Smith
STREET ADDRESS 3746 BENGAL RD.	CITY-ST-ZIP GULF BREEZE, FL 32563	STREET ADDRESS 3701 Tiger Point Blvd.	CITY-ST-ZIP Gulf Breeze, FL 32563
TITLE D	NAME HIBBARD, SHIRLEY	TITLE Director	NAME Rick Anderson
STREET ADDRESS 3830 BANGKOK COVE	CITY-ST-ZIP GULF BREEZE, FL 32563	STREET ADDRESS 3773 Bengal Rd	CITY-ST-ZIP Gulf Breeze, FL 32563
TITLE ST	NAME BALDWIN, SUSAN	TITLE 	NAME
STREET ADDRESS 1156 GONGES TRAIL	CITY-ST-ZIP GULF BREEZE, FL 32563	STREET ADDRESS 	CITY-ST-ZIP
TITLE D	NAME SARRAT, EDWARD	TITLE 	NAME
STREET ADDRESS 3721 TIGER POINT BLVD	CITY-ST-ZIP GULF BREEZE, FL 32563	STREET ADDRESS 	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		DATE 4/22/08	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 850-484-2611	