

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90012 032 ****70.00

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DOCUMENT # 753152 1. Entity Name TIGER CREEK OWNERS ASSOCIATION, INC.																																																																																																																													
Principal Place of Business 2580 TIGER CREEK TRAIL LAKE WALES, FL 33898			Mailing Address 2580 TIGER CREEK TRAIL LAKE WALES, FL 33898																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country	4. FEI Number 59-1376889																																																																																																																									
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent NANNEY, DON PRES 2680 PANTHER PASS LAKE WALES, FL 33898			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
<div style="text-align: right;"> Make check payable to Florida Department of State </div>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">1VPD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VALENTINE, JIM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2215 TIGER CREEK TRAIL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WALES, FL 33898</td> <td></td> </tr> <tr> <td>TITLE</td> <td>2VPD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOXLEY, WAYNE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2920 HAWK TRAIL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WALES, FL 33898</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SWIFT, PAT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4130 TIGER CREEK TRAIL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WALES, FL 33898</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SPRADLEY, ELAINE TRES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2120 QUAIL RUN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WALES, FL 33898</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NANNEY, DON PRES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2680 PANTHER PASS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WALES, FL 33898</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">1VPD</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MOXLEY, Wayne</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2920 Hawk Trail</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WALES FL 33898</td> <td></td> </tr> <tr> <td>TITLE</td> <td>2VPD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BELL, Leonard E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2830 Cardinal Trl</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WALES FL 33898</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	1VPD	<input type="checkbox"/> Delete	NAME	VALENTINE, JIM		STREET ADDRESS	2215 TIGER CREEK TRAIL		CITY-ST-ZIP	LAKE WALES, FL 33898		TITLE	2VPD	<input type="checkbox"/> Delete	NAME	MOXLEY, WAYNE		STREET ADDRESS	2920 HAWK TRAIL		CITY-ST-ZIP	LAKE WALES, FL 33898		TITLE	SD	<input type="checkbox"/> Delete	NAME	SWIFT, PAT		STREET ADDRESS	4130 TIGER CREEK TRAIL		CITY-ST-ZIP	LAKE WALES, FL 33898		TITLE	TD	<input type="checkbox"/> Delete	NAME	SPRADLEY, ELAINE TRES		STREET ADDRESS	2120 QUAIL RUN		CITY-ST-ZIP	LAKE WALES, FL 33898		TITLE	PD	<input type="checkbox"/> Delete	NAME	NANNEY, DON PRES		STREET ADDRESS	2680 PANTHER PASS		CITY-ST-ZIP	LAKE WALES, FL 33898		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	1VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MOXLEY, Wayne		STREET ADDRESS	2920 Hawk Trail		CITY-ST-ZIP	LAKE WALES FL 33898		TITLE	2VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	BELL, Leonard E		STREET ADDRESS	2830 Cardinal Trl		CITY-ST-ZIP	LAKE WALES FL 33898		TITLE		<input 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		
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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: <u>Elaine Spradley, Elaine Spradley, Tres.</u> Date <u>2/28/07</u> (863) 559-7774																																																																																																																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													