

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06079

FILED
Apr 03, 2009
Secretary of State

Entity Name: TIGER LAKE SUBDIVISION PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4109 LAKE KOTSA DR
LAKE WALES, FL 33898 US

New Principal Place of Business:

Current Mailing Address:

4109 LAKE KOTSA DR
LAKE WALES, FL 33898 US

New Mailing Address:

FEI Number: 59-2532718 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MYERS, C B III
130 E CENTRAL AVE
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BANEY, RICHARD
Address: 4109 LAKE KOTSA DRIVE
City-St-Zip: LAKE WALES, FL 33898

Title: VP () Delete
Name: BYERS, TODD
Address: 4669 LAKE KOTSA DRIVE
City-St-Zip: LAKE WALES, FL 33898

Title: ST () Delete
Name: BANEY, TERRI L
Address: 4109 LAKE KOTSA DR
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: FLETCHER, JAMES R JR
Address: 4649 LAKE KOTSA DR
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: CARROLL, CULLEN
Address: 4509 LAKE KOTSA DRIVE
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: VERKEY, JAY
Address: 2600 SW 29TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRI L. BANEY

ST

04/03/2009

Electronic Signature of Signing Officer or Director

Date