

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07484

1. Entity Name

TIGER CREEK GROVES PROPERTY OWNERS' ASSOCIATION,

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90119 032 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 421
BABSON PARK FL 33827

P.O. BOX 421
BABSON PARK FL 33827-0421

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

NOT APPLICABLE

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

HAMILTON, PRISCILLA
4 TIGER CREEK GROVES
BABSON PARK FL 33827

Name

James Saltberry

Street Address (P.O. Box Number is Not Acceptable)

27 Tiger Creek Grove

City

Babson Park

FL

Zip Code

33827

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

James Saltberry

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/00

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 PD ☐ Delete
NAME SALTZBERRY, JAMES
STREET ADDRESS 27 TIGER CREEK GROVES
CITY-ST-ZIP BABSON PARK FL 33827

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

TITLE VD ☐ Delete
NAME COOPER, GENE
STREET ADDRESS 41 TIGER CREEK GROVES
CITY-ST-ZIP BABSON PARK FL 33827

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

TITLE STD ☒ Delete
NAME HAMILTON, PRISCILLA
STREET ADDRESS 4 TIGER CREEK GROVES
CITY-ST-ZIP BABSON PARK FL 33827

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

TITLE D ☐ Delete
NAME MASSALONE, SHARON
STREET ADDRESS 24 TIGER CREEK GROVES
CITY-ST-ZIP BABSON PARK FL 33827

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

TITLE D ☐ Delete
NAME FRELING, KIPP
STREET ADDRESS 134 TIGER CREEK GROVES
CITY-ST-ZIP BABSON PARK FL 33827

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

TITLE D ☒ Delete
NAME HAMILTON, MORGAN
STREET ADDRESS 4 TIGER CREEK GROVES
CITY-ST-ZIP BABSON PARK FL 33827

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

James Saltberry

Date

4-17/00

Daytime Phone #

863-635-3918

CR2E037 (9/99)