FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jul 20, 2001 8:00 am DOCUMENT # N07484 **Secretary of State** 1. Entity Name 07-20-2001 90004 032 \*\*\*\*61.25 TIGER CREEK GROVES PROPERTY OWNERS' ASSOCIATION, Principal Place of Business Mailing Address P.O. BOX 421 P.O. BOX 421 BABSON PARK FL 33827 BABSON PARK FL 33827 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 0 leR Street Address (P.O. Box Number is Not Acceptable) SALTBERRY, JAEMS 27 TIGER CREEK GROVE BABSON PARK FL 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 FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. SEC/TREASURERS) MATIE AND IN Change Delete TITLE TITLE JAMES SALTZBEARY 21 Tiger Cheek GROVES SALTZBERRY, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 27 TIGER CREEK GROVES 33827 CITY-ST-ZIP BABSON PARK FL 33827 CITY-ST-ZIP TITLE 2400 Z Change VD TOLEL Delete Delete TITLE 18 Tiger Creek Groves COOPER, GENE NAME NAME 41 TIGER CREEK GROVES STREET ADDRESS STREET ADDRESS *338*27 CITY-ST-ZIP CITY-ST-ZIP **BABSON PARK FL 33827** Johnson A Change KONALD Addition Delete TITLE TITLE MASSALONE, SHARON NAME STREET ADDRESS 24 TIGER CREEK GROVES STREET ADDRESS 33821 CITY-ST-ZIP CITY-ST-ZIP BABSON PARK FL 33827 Addition TITLÉ \_ ---∽ 🔲 Delete -TITLE FRELING, KIPP NAME NAME Brooks STREET ADDRESS **134 TIGER CREEK GROVES** STREET ADDRESS CITY-ST-ZIP BABSON PARK FL 33827 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \*Addition ☐ Delete TITI F Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.