


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90039 004 ****61.25

DOCUMENT # N09711 1. Entity Name - WATERWAYS AT TIGER POINT EAST HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1294 GREENVIEW LN. GULF BREEZE, FL 32563		Mailing Address 1294 GREENVIEW LN. GULF BREEZE, FL 32563	
2. Principal Place of Business - No P.O. Box # 3749-D Gulf Breeze Pkwy Suite, Apt. #, etc. Ste 109 City & State Gulf Breeze, FL Zip 32563		3. Mailing Address 3749-D Gulf Breeze Pkwy Suite, Apt. #, etc. Ste 109 City & State Gulf Breeze, FL Zip 32563	
4. FEI Number 59-2592025		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 HARRIS-INMAN, TERRY 1294 GREENVIEW LN. GULF BREEZE, FL 32563		7. Name and Address of New Registered Agent Name Beth Minor Street Address (P.O. Box Number is Not Acceptable) 3749-D Gulf Breeze Pkwy, Ste 109 City Gulf Breeze FL Zip Code 32563	
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 <u><i>Beth Minor</i></u> DATE 2-5-08 <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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P. HARRIS-INMNA, TERRY 1294 GREENVIEW LN. GULF BREEZE, FL 32563	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Hoeft 1266 Greenview Lane Gulf Breeze, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOWERY, JOHN 1296 POINT EAST CIRCLE GULF BREEZE, FL 32563	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALLISON, ED 1285 GREENVIEW LN GULF BREEZE, FL 32563	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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><i>Mark Hoeft</i></u>		Date 2-5-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	