

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

DOCUMENT# N18139

**Entity Name:** PLAYERS CLUB AT TIGER POINT EAST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1433 PLAYERS CLUB CIRCLE  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

1433 PLAYERS CLUB CIRCLE  
GULF BREEZE, FL 32561

**New Mailing Address:**

**FEI Number:** 59-2874117      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DORSEY, GAIL R  
1433 PLAYERS CLUB CIRCLE  
GULF BREEZE, FL 32561      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: PD ( ) Delete  
Name: BAKER, PAUL  
Address: 1417 PLAYERS CLUB CIRCLE  
City-St-Zip: GULF BREEZE, FL 32563

Title: STD ( ) Delete  
Name: DORSEY, GAIL  
Address: 1433 PLAYERS CLUB CIR  
City-St-Zip: GULF BREEZE, FL

Title: PD ( ) Delete  
Name: CUTTER, ROBERT  
Address: 1390 PLAYERS CLUBCOURT  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: WEANT, DON  
Address: 1437 PLAYERS CLUB CIRCLE  
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete  
Name: SCHRADER, ART  
Address: 1448 PLAYERS CLUB CIR.  
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete  
Name: RAISER, JACK  
Address: 1371 PLAYERS CLUB CIRCLE  
City-St-Zip: GULF BREEZE, FL 32563

**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: GAIL R DORSEY

STD

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date