


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N93000002558</b>	
1. Entity Name <b>CHAMPION'S TEE AT TIGER POINT EAST HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>1321 TOUR DRIVE GULF BREEZE, FL 32561 US</b>	Mailing Address <b>1321 TOUR DRIVE GULF BREEZE, FL 32561 US</b>
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05212007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3181412</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GILLEY, EDWARD E  
4011 TIGER POINT BLVD.  
GULF BREEZE, FL 32563**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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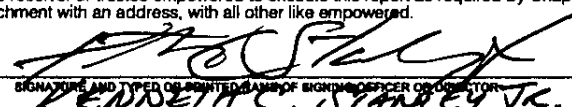
10. OFFICERS AND DIRECTORS

TITLE <b>VPD</b>	NAME <b>MCLVER, KEITH</b>
STREET ADDRESS <b>1326 TOUR DRIVE</b>	CITY-ST-ZIP <b>GULF BREEZE, FL 32563</b>
TITLE <b>SDT</b>	NAME <b>STANLEY, KEN</b>
STREET ADDRESS <b>1321 TOUR DRIVE</b>	CITY-ST-ZIP <b>GULF BREEZE, FL 32563</b>
TITLE <b>PD</b>	NAME <b>NAILE, TOM</b>
STREET ADDRESS <b>1328 TOUR DRIVE</b>	CITY-ST-ZIP <b>GULF BREEZE, FL 32563</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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06/01/07-80002-005 61.25

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:  **KENNETH C. STANLEY JR.** Date **05/24/07** 850-884-8693 Daytime Phone #