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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000837 (3)**

1. Corporation Name

TIGER TRACE HOMEOWNERS ASSOCIATION OF GULF BREEZ E, INC.

Principal Place of Business	Mailing Address
8680 SCENIC HIGHWAY BOX 18 PENSACOLA FL 32514	8680 SCENIC HIGHWAY BOX 18 PENSACOLA FL 32514

3. Date Incorporated or Qualified: 02/20/1995

4. FEI Number: 59-3300074 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 1134 Tiger Trace Boulevard
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Box 1234
City & State 23 Gulf Breeze FL	City & State 28 Gulf Breeze FL
Zip 24 32561 Country 25 USA	Zip 29 32562 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEMON, RAYMOND C 8680 SCENIC HIGHWAY BOX 18 PENSACOLA FL 32514	81 Name: Steven Lovoy 82 Street Address (P.O. Box Number is Not Acceptable): 1134 Tiger Trace Boulevard 83 84 City: Gulf Breeze FL 85 Zip Code: 32561

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President D	☒ Change ☐ Addition
NAME	JERNIGAN, LEONARD G		1.2 NAME	Steven Lovoy	
STREET ADDRESS	8680 SCENIC HIGHWAY, BOX 18		1.3 STREET ADDRESS	1134 Tiger Trace Boulevard	
CITY-ST-ZIP	PENSACOLA FL 32514		1.4 CITY-ST-ZIP	Gulf Breeze FL 32561	
TITLE	VD	☒ DELETE	2.1 TITLE	Vice-President D	☒ Change ☐ Addition
NAME	LEMON, RAYMOND C		2.2 NAME	Robert Young	
STREET ADDRESS	4202 BRITTANY COURT		2.3 STREET ADDRESS	2829 Lynx Trail	
CITY-ST-ZIP	PENSACOLA FL 32504		2.4 CITY-ST-ZIP	Gulf Breeze FL 32561	
TITLE	STD	☒ DELETE	3.1 TITLE	Secretary D	☒ Change ☐ Addition
NAME	LEMON, PATRICIA A		3.2 NAME	Teri Ward	
STREET ADDRESS	4202 BRITTANY COURT		3.3 STREET ADDRESS	1152 Jaguar Circle	
CITY-ST-ZIP	PENSACOLA FL 32504		3.4 CITY-ST-ZIP	Gulf Breeze FL 32561	
TITLE		☐ DELETE	4.1 TITLE	Treasurer D	☐ Change ☒ Addition
NAME			4.2 NAME	Betty Wagner	
STREET ADDRESS			4.3 STREET ADDRESS	1140 Jaguar Circle	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Gulf Breeze FL 32561	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty Wagner BETTY WAGNER 5MAR, 1998 850-934-1154