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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000837**

1. Corporation Name

TIGER TRACE HOMEOWNERS ASSOCIATION OF GULF BREEZ E, INC.

Principal Place of Business	Mailing Address
8680 SCENIC HIGHWAY BOX 18 GULF BREEZE FL 32561 US	1134 TIGER TRACE BLVD BOX 1234 GULF BREEZE FL 32562 US

2. Principal Place of Business 21 1101 Tiger Trace Blvd Suite, Apt. #, etc. 22 P. O. Box 1234 City & State 23 Gulf Breeze, FL Zip / Country 24 32561 25 USA	2a. Mailing Address 26 1101 Tiger Trace Blvd Suite, Apt. #, etc. 27 P. O. Box 1234 City & State 28 Gulf Breeze, FL Zip / Country 29 32562 30 USA	3. Date Incorporated or Qualifed 02/20/1995 4. FEI Number 59-3300074 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LOVOY, STEVEN
1134 TIGER TRACE BLVD
BOX 18
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name: Gary Lajter
82 Street Address (P.O. Box Number is Not Acceptable): 1101 Tiger Trace Blvd
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: Christa D. Welsh Christa Welsh DATE: 3-31-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOVOY, STEVEN 1134 TIGER TRACE BLVD GULF BREEZE FL 32561	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Gary Lajter 1101 Tiger Trace Blvd ~~Gulf Breeze, FL 32561~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD YOUNG, ROBERT 2829 LYNX TRL GULF BREEZE FL 32561	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPD Bill Luttrell 1176 Jaguar Circle Gulf Breeze, FL 32561	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WARD, TERRY 1152 JAQUAR CIR GULF BREEZE FL 32561	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Cheryl Knight 1083 Tiger Trace Blvd Gulf Breeze, FL 32561	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WAGNER, BETTY 1140 JAQUAR CIR GULF BREEZE FL 32561	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Christa Welsh 2839 Lynx Trail Gulf Breeze, FL 32561	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Christa D. Welsh SIGNATURE REQUIRED 3-31-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0079570

CR2E037 (1/1/98)