2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90053 005 ****61.25

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1. Entity Name

TIGER TRACE HOMEOWNERS ASSOCIATION OF GULF BREEZ

Principal Place of Business	Mailing Address
1101 TIGER TRACE BLVD. GULF BREEZE FL 32561 US	1101 TIGER TRACE BLVD. P.O. BOX 1234 GULF BREEZE FL 32561 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUTTRELL, BILL 1176 JAGUAR CIRCLE GULF BREEZE FL 32561	PD BOB YOUNG 2829 LYNX TRAIL GULF BREEZE FL 32561 FL Zip Code

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.

SIGNATURE Robert G. Young Robert G. YOUNG 4/28/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUTTRELL, BILL 1176 JAGUAR CIRCLE GULF BREEZE FL 32561	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOB YOUNG 2829 LYNX TRAIL GULF BREEZE FL 32561	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD COOPER, DAVID 1182 JAGUAR CIRCLE GULF BREEZE FL 32561	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GREG HOFFMAN 2836 LYNX TRAIL GULF BREEZE FL 32561	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOFIUS, GRACE 2821 SAFARI COURT GULF BREEZE FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WAGNER, BETTY 1140 JAGUAR CIRCLE GULF BREEZE FL 32561	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GREG ANDERSON 1210 TIGER TRACE BLVD GULF BREEZE FL 32561	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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: SIGNATURE GREG Anderson 4/28/01 850 916-0631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #