

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90375 047 \*\*\*\*61.25

<b>DOCUMENT # N95000000837</b> 1. Entity Name <b>TIGER TRACE HOMEOWNERS ASSOCIATION OF GULF BREEZE, INC.</b>					
Principal Place of Business <b>1173 TIGER TRACE BLVD</b> <b>GULF BREEZE, FL 32563 US</b>			Mailing Address <b>P.O. BOX 1234</b> <b>GULF BREEZE, FL 32562 US</b>		
2. Principal Place of Business <b>1114 Tiger Trace Blvd</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>Gulf Breeze FL</b>		City & State  		4. FEI Number <b>59-3300074</b>	
Zip <b>32563</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KANE, MICHAEL P</b> <b>1173 TIGER TRACE BLVD</b> <b>GULF BREEZE, FL 32563</b>				7. Name and Address of New Registered Agent Name <b>Ted Gorder</b> Street Address (P.O. Box Number is Not Acceptable) <b>1114 Tiger Trace Blvd</b> City <b>Gulf Breeze</b> <b>FL</b> Zip Code <b>32563</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KANE, MICHAEL P</b> <input checked="" type="checkbox"/> Delete <b>1173 TIGER TRACE BLVD</b> <b>GULF BREEZE, FL 32563</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Ted Gorder</b> <b>1114 Tiger Trace Blvd</b> <b>Gulf Breeze FL 32563</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>KANE, BONNIE</b> <b>1173 TIGER TRACE BLVD</b> <b>GULF BREEZE, FL 32563</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>ROBERTS, MIKE</b> <b>1173 TIGER TRACE BLVD</b> <b>GULF BREEZE, FL 32563</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>ROBERTS, JENNIFER</b> <b>1173 TIGER TRACE BLVD</b> <b>GULF BREEZE, FL 32563</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>BALLAY, LAUERE</b> <b>1131 JAGUAR CIRCLE</b> <b>GULF BREEZE, FL 32563</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Laure Ballay</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 I am empowered.					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					