2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

Secretary of State DOCUMENT # N95000000837 03-19-2007 90094 005 ****61.25 TIGER TRACE HOMEOWNERS ASSOCIATION OF GULF BREEZE, INC. Principal Place of Business Mailing Address 1114 TIGER TRACE BLVD P.O. BOX 1234 **GULF BREEZE, FL 32563** US **GULF BREEZE, FL 32562** US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3300074 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARDER, TED 1173 TIGER TRACE BLVD Street Address (P.O. Box Number is Not Acceptable) GULF BREEZE, FL 32563 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change ☐ Addition NAME GARDER, TED Gooder, Ted 1114 TIGER TRACE BLVD STREET ADDRESS 1114 Tiger Trace Blud Gulf Breeze FL 32563 STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32563 CITY-ST-7IP S **Addition** TITLE Delete TITLE ☐ Change Waters, Laura ROBERTS, MIKE NAME NAME STREET ADDRESS 1173 TIGER TRACE BLVD STREET ADDRESS 2818 Jafari et GULF BREEZE, FL 32563 CITY-ST-ZIP CITY-ST-7/P BULF Braeze YL 32563 S TITLE Defete TITLE ☐ Change ☐ Addition ROBERTS, JENNIFER NAME NAME 1173 TIGER TRACE BLVD STREET ADDRESS STREET ADDRESS GULF BREEZE, FL 32563 City-St-7IP CITY-ST-ZIP TITLE Delete Change TITLE ☐ Addition Ballay, Laucie 1131 Jaguar Circle

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.

NAME

TITLE

TITLE

NAME

Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

BALLAY, LAUCIE

1131 JAGUAR CIRCLE

GULF BREEZE, FL 32563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUE Breeze FL 33563

Channe

☐ Change

☐ Addition

☐ Addition

FILED

Mar 19, 2007 8:00 am