

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000837

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** TIGER TRACE HOMEOWNERS ASSOCIATION OF GULF BREEZE, INC.

**Current Principal Place of Business:**

1114 TIGER TRACE BLVD  
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

4400 BAYOU BLVD  
#58  
PENSACOLA, FL 32503 US

**Current Mailing Address:**

REALTY MATTERS  
1719 N. 9TH AVE  
PENSACOLA, FL 32503 US

**New Mailing Address:**

4400 BAYOU BLVD  
#58  
PENSACOLA, FL 32503 US

**FEI Number:** 59-3300074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REALTY MASTERS OF FLORIDA  
1719 N. 9TH AVE  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

REALTY MASTERS OF FLORIDA  
4400 BAYOU BLVD  
#58  
PENSACOLA, FL 32503 US

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: PAMELA A. KEEN

04/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GORDER, TED  
Address: 1114 TIGER TRACE BLVD  
City-St-Zip: GULF BREEZE, FL 32563

Title: S ( ) Delete  
Name: WATERS, LAURA  
Address: 2818 SAFARI CT  
City-St-Zip: GULF BREEZE, FL 32563

Title: T ( ) Delete  
Name: BALLAY, LAURIE  
Address: 1131 JAGUAR CIRCLE  
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete  
Name: BRINKMAN, KYLE  
Address: 1158 JAGUAR CIRCLE  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BRINKMAN, KYLE  
Address: 1158 JAGUAR CIRCLE  
City-St-Zip: GULF BREEZE, FL 32563

Title: VP (X) Change ( ) Addition  
Name: BARTH, WILLIAM  
Address: 1077 TIGER TRACE BLVD  
City-St-Zip: GULF BREEZE, FL 32563

Title: T (X) Change ( ) Addition  
Name: MOFFETT, SARAH  
Address: 1152 JAGUAR CIRCLE  
City-St-Zip: GULF BREEZE, FL 32563

Title: S (X) Change ( ) Addition  
Name: WATERS, LAURA  
Address: 2818 SAFARI CT  
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYLE BRINKMAN

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date