## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

1101 TIGER TRACE BLVD.

## DOCUMENT # N95000000837

1. Entity Name

Principal Place of Business

1101 TIGER TRACE BLVD.

**SIGNATURE:** 

TIGER TRACE HOMEOWNERS ASSOCIATION OF GULF BREEZ E, INC.



**FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90093 004 \*\*\*\*61.25

OF THE STATE OF
A Late
GOO WE THE

GULF BREEZE US	FL 32561 Place of Business	P.O. BOX 1234 GULF BREEZE FL 32561 US							
	GER TRACE BLVD.	P.O. Box	3. Mailing Address P.O. Box 1234			al <b>a</b> lihi <b>ab</b> iin <b>ed</b> iil <b>ab</b> iil <b>ab</b> iil <b>a</b>	<b>1</b> /11 <b>141/1</b> 1 11.11 1/		
Suite, Apt.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State	BREEZE FL	GULF BREEZE FL			4. FEI Number <b>59-3300074</b> Applied For Not Applicable				
3256	Country USA	Zip 5 32568	Country & USA	4	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require	ditional d	
6. Name and Address of Current Registered Agent									
				Name MICHAEL P. KANE					
LUTTRELI		Street Address (P.O. Box Number is Not Acceptable)							
	GUAR CIRCLE EEZE FL 32561		1113 TIGER THACE BLVV.						
GOLI DIL			0:4.				7:-0-4		
	e.		City C	City GULF BREEZE FL Zip 32563					
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.									
04/12/03									
SIGNATURE  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 Campa Trust Fund Con			\$5.00 May Be Added to Fees	Make Cheo Florida Depa			
	Kir w								
10.	OFFICERS AND I		11.			S TO OFFICERS AND D			
TITLE	PD SOUND DOD	☐ Delete	TITLE	44.44	DENT AEL P. KANE	•	Change	Addition	
NAME Street Address	Young, Bob 2829 Lynx Trail		NAME STREET ADDRESS	MICH	TIGER TR	ACE BLUD.			
CITY-ST-ZIP	GULF BREEZE FL 32561		CITY:ST-ZIP	Gill	I BREEZ	E. FL 3250	63		
TITLE	VPD	☐ Delete	TITLE	100	<u>.</u>	20,72 200	Change	Addition	
NAME	HOFFMAN, GREG	□ Beliete	NAME				- Commission		
STREET ADDRESS	2836 LYNX TRAIL		STREET ADDRESS			_			
CITY-ST-ZIP	GULF BREEZE FL 32561	المارية الموسية	CITY-ST-ZIP		<u></u>	32	563		
TITLE	SD	☐ Delete	TITLE				<b>C</b> hange	☐ Addition	
NAME STREET ADDRESS 1	HOFIUS, GRACE		NAME CTREET ADDRESS						
CITY-ST-ZIP	2821 SAFARI COURT GULF BREEZE FL 32561		STREET ADDRESS  CITY-ST-ZIP			7	32563		
TITLE	TD	☐ Delete	TITLE	-79 E	ASURER		Change	☐ Addition	
NAME	ANDERSON, GREG	□ Deicte	NAME	RICH	WED EARP		Citaligo		
STREET ADDRESS	1210 TIGER TRACE BLVD		STREET ADDRESS	1170	TIGER TR	ACE BLVD.			
CITY-ST-ZIP	GULF BREEZE FL 32561		CITY-ST-ZIP	Gui	F BREEZE	FL 3256	っろ		
TITLE		☐ Defete	TITLE			•	Change	☐ Addition	
NAME			NAME					i	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
	The stage of the s	*************************************		+			☐ Cha	Addition	
TITLE NAME	· 一門人類 (1)	- Nad Fidebox L.I Delete	TITLE NAME	1			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	1					
indicated of the con	certify that the information supplied w on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that my a powered to execute this report as	signature shall i	have the s	ame legal effect as if	made under oath; that !	am an officer	or director	