

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90351 034 ****61.25

DOCUMENT # N96000006061

1. Entity Name
TIGER LAKE OWNERS ASSOCIATION, INC.



Principal Place of Business
**3298 SUMMIT BLVD.
STE 4
PENSACOLA, FL 32571**

Mailing Address
**3298 SUMMIT BLVD.
STE 4
PENSACOLA, FL 32571**

600-29443



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3520282

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ETHERIDGE, RAY O
3298 SUMMIT BLVD.
PENSACOLA, FL 32503**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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. 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
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, PATSY	
STREET ADDRESS	1454 TIGER LAKE DR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIGUEROA, PEDRO	
STREET ADDRESS	1425 TIGER LAKE DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOLLS, TERRY	
STREET ADDRESS	1429 TIGER LAKE DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GODERSKI, BRUCE	
STREET ADDRESS	1431 TIGER LAKE DR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CUMPSTON, LOU	
STREET ADDRESS	1432 TIGER LAKE DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FRENCH, JAMES	
STREET ADDRESS	1414 TIGER LAKE DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James, Art	
STREET ADDRESS	1403 Tiger Lake Dr.	
CITY-ST-ZIP	Gulf Breeze, FL 32563	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James, Diane	
STREET ADDRESS	1403 Tiger Lake Dr	
CITY-ST-ZIP	Gulf Breeze, FL 32563	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chandler, Marcia	
STREET ADDRESS	1434 Tiger Lake Dr.	
CITY-ST-ZIP	Gulf Breeze, FL 32563	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellis, John	
STREET ADDRESS	1379 Tiger Lake Dr.	
CITY-ST-ZIP	Gulf Breeze, FL 32563	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/06 850-434355