

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90123 043 ****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**

40080000



2. Principal Place of Business - No P.O. Box #
908 Gardengate Cir
Suite, Apt. #, etc.

3. Mailing Address
908 Gardengate Cir
Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State
Pensacola, FL

City & State
Pensacola, FL

4. FEI Number
59-3520282

Applied For
Not Applicable

Zip
32504

Country
USA

Zip
32504

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City
Pensacola

FL

Zip Code
32504

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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	☐ Delete
NAME	WEBB, PATSY	
STREET ADDRESS	1454 TIGER LAKE DR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	D	☐ Delete
NAME	FIGUEROA, PEDRO	
STREET ADDRESS	1425 TIGER LAKE DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	TD	☒ Delete
NAME	JAMES, ART	
STREET ADDRESS	1403 TIGER LAKE DR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	PD	☐ Delete
NAME	JAMES, DIANE	
STREET ADDRESS	1403 TIGER LAKE DR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	SD	☐ Delete
NAME	CHANDLER, MARCIA	
STREET ADDRESS	1434 TIGER LAKE DR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	D	☐ Delete
NAME	ELLIS, JOHN	
STREET ADDRESS	1379 TIGER LAKE DR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V PRES	☐ Change ☒ Addition
NAME	JAMES FRENCH	
STREET ADDRESS	1414 TIGER LAKE DR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	D	☐ Change ☒ Addition
NAME	JUDY ANN STANLEY	
STREET ADDRESS	1351 TIGER LAKE DR	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	D	☐ Change ☒ Addition
NAME	VIRGINIA AYLWARD	
STREET ADDRESS	1382 TIGER LAKE DR.	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	Pres & Treas	☒ Change ☐ Addition
NAME	James, Diane	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

(850) 484-2611