

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000278

FILED
Apr 23, 2007
Secretary of State

Entity Name: TIGUA COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

4586 TIGUA ISLAND COURT
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

PO BOX 4071
WINTER PARK, FL 32793

New Mailing Address:

4567 TIGUA ISLAND CT
WINTER PARK, FL 32792

FEI Number: 59-3554780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVA, KYLE
4563 TIGUA ISLAND COURT
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KOVATS, STEPHANIE
Address: 4586 TIGUA ISLAND CT
City-St-Zip: WINTER PARK, FL 32792

Title: DV () Delete
Name: QUIGLEY, KEN
Address: 4583 TIGUA ISLAND CT
City-St-Zip: WINTER PARK, FL 32792

Title: DS () Delete
Name: ALLEN, SUSAN
Address: 4594 TIGUA ISLAND CT
City-St-Zip: WINTER PARK, FL 32792

Title: DT () Delete
Name: WOODRUFF, NANCY
Address: 4567 TIGUA ISLAND CT
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY WOODRUFF

DT

04/23/2007

Electronic Signature of Signing Officer or Director

Date