

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743974

Entity Name: TIGER POINT VILLAGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**7851 PINE FOREST RD.
PENSACOLA, FL 32526**Current Mailing Address:**7851 PINE FOREST RD.
PENSACOLA, FL 32526 US**FEI Number:** 59-2869746**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIBERTY COMMUNITY MANAGEMENT
7851 PINE FOREST RD.
PENSACOLA, FL 32526 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:** RENEE WIND

04/25/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WATERS , JENNIFER
Address 7851 PINE FOREST RD.
City-State-Zip: PENSACOLA FL 32526

Title PRESIDENT
Name HELMICK, SAM
Address 7851 PINE FOREST RD.
City-State-Zip: PENSACOLA FL 32526

Title DIRECTOR
Name RONSON, CATIE
Address 7851 PINE FOREST RD.
City-State-Zip: PENSACOLA FL 32526

Title TREASURER
Name ZEIGLER, AMY
Address 7851 PINE FOREST RD.
City-State-Zip: PENSACOLA FL 32526

Title SECRETARY
Name LAVERY, JIM
Address 7851 PINE FOREST RD.
City-State-Zip: PENSACOLA FL 32526

Title VP
Name BAMMAN, MARCAS PHD
Address 7851 PINE FOREST RD.
City-State-Zip: PENSACOLA FL 32526

Title MANAGER
Name WIND, RENEE
Address 7851 PINE FOREST RD.
City-State-Zip: PENSACOLA FL 32526

I hereby 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 all other like empowered.

SIGNATURE: RENEE WIND

MANAGER

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date