

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18139

**Entity Name:** PLAYERS CLUB AT TIGER POINT EAST HOMEOWNERS ASSOCIATION, INC.

**FILED  
Apr 20, 2021  
Secretary of State  
8294190222CC**

**Current Principal Place of Business:**

1433 PLAYERS CLUB CIRCLE  
GULF BREEZE, FL 32561

**Current Mailing Address:**

1433 PLAYERS CLUB CIRCLE  
GULF BREEZE, FL 32561

**FEI Number: 59-2874117**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DORSEY, GAIL R  
1433 PLAYERS CLUB CIRCLE  
GULF BREEZE, FL 32561 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title OTHER  
Name DORSEY, GAIL  
Address 1433 PLAYERS CLUB CIRCLE  
City-State-Zip: GULF BREEZE FL 32563

Title SECRETARY, DIRECTOR  
Name MARKHAM, SUE  
Address 1429 PLAYERS CLUB CIRCLE  
City-State-Zip: GULF BREEZE FL 32563

Title DIRECTOR  
Name VIGLIONE, DEBORAH  
Address 1421 PLAYERS CLUB CIRCLE  
City-State-Zip: GULF BREEZE FL 32563

Title PRESIDENT  
Name SHIPMAN, DOUG  
Address 1367 PLAYERS CLUB CIRCLE  
City-State-Zip: GULF BREEZE FL 32563

Title DIRECTOR  
Name MACMILLAN, CHARLES  
Address 1441 PLAYERS CLUB CIRCLE  
City-State-Zip: GULF BREEZE FL 32563

Title DIRECTOR  
Name GOODWIN, JON  
Address 1401 PLAYERS CLUB CIRCLE  
City-State-Zip: GULF BREEZE FL 32563

*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: GAIL DORSEY**

**OTHER**

**04/20/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date