

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000837

Entity Name: TIGER TRACE HOMEOWNERS ASSOCIATION OF GULF BREEZE, INC.**Current Principal Place of Business:**1083 TIGER TRACE BOULEVARD
GULF BREEZE, FL 32563**Current Mailing Address:**855 HWY. 29 S.
CANTONMENT, FL 32533 US**FEI Number:** 59-3300074**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**S & K HOA MANAGEMENT, LLC
855 HWY. 29 S.
CANTONMENT, FL 32533 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:** STEPHANIE SCOTT

03/09/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	GRUMMEL, LARRY
Address	1089 TIGER TRACE BOULEVARD
City-State-Zip:	GULF BREEZE FL 32563

Title	VP
Name	BARTH, KAREN
Address	1077 TIGER TRACE BOULEVARD
City-State-Zip:	GULF BREEZE FL 32563

Title	TREASURER
Name	LAMAR, KIM
Address	1083 TIGER TRACE BOULEVARD
City-State-Zip:	GULF BREEZE FL 32563

Title	PRESIDENT
Name	ANDERSON, KEVIN
Address	1146 TIGER TRACE BOULEVARD
City-State-Zip:	GULF BREEZE FL 32563

Title	CAM
Name	SCOTT, STEPHANIE
Address	855 HWY. 29 S.
City-State-Zip:	CANTONMENT FL 32533

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: STEPHANIE SCOTT

CAM

03/09/2021

Electronic Signature of Signing Officer/Director Detail

Date