

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N03461 (3)**  
1. Corporation Name

**TRISTAN TOWERS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **1200 FORT PICKENS RD PENSACOLA BCH. FL 32561**  
Mailing Address: **1200 FORT PICKENS RD PENSACOLA BCH. FL 32561 P.O. Box 411 PENSACOLA, FL 32562-0411**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. <b>Pensacola Beach Properties</b>	26. <b>Same</b>	<b>06/06/1984</b>	<b>05/01/1995</b>
22. <b>1200 Fort Pickens Road</b>	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
23. <b>Pensacola Beach, FL</b>	28. City & State	<b>59-2545849</b>	Not Applicable
24. <b>32561</b>	25. <b>Escambia</b>	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
29. <b>Escambia</b>	30. <b>FL</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BURNS, RICHARD 1200 FT. PICKENS ROAD #9C TRISAN TOWERS PENSACOLA BCH FL 32561</b>		81. Name	<b>Gary Work</b>
		82. Street Address (P.O. Box Number is Not Acceptable)	<b>1200 Fort Pickens Road #12A</b>
		83. City	<b>Pensacola Beach, FL</b>
		85. Zip Code	<b>32561</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and understand, the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Gary Work* (Signature, typed or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when renouncing) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISHBURN, ROD</b>	1.2 NAME	<b>Gary Work</b>
STREET ADDRESS	<b>1200 FT. PICKENS RD. #1B</b>	1.3 STREET ADDRESS	<b>1200 Fort Pickens Rd #12A</b>
CITY-ST-ZIP	<b>PENSACOLA BCH FL</b>	1.4 CITY-ST-ZIP	<b>Pensacola Beach, FL 32561</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Vice-President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEBBINS, ARTHUR</b>	2.2 NAME	<b>Bill Hunt</b>
STREET ADDRESS	<b>5051 GRANDE DR. #E3</b>	2.3 STREET ADDRESS	<b>411 N. Sunset Blvd.</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	2.4 CITY-ST-ZIP	<b>Gulf Breeze, FL 32561</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURNS, RICHARD</b>	3.2 NAME	<b>Jean Birspsiel</b>
STREET ADDRESS	<b>1200 FT. PICKENS ROAD #9C</b>	3.3 STREET ADDRESS	<b>1200 Fort Pickens Rd #6B</b>
CITY-ST-ZIP	<b>PENSACOLA BCH FL</b>	3.4 CITY-ST-ZIP	<b>Pensacola Beach, FL 32561</b>
TITLE	<b>DVP</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINKLER, THOMAS</b>	4.2 NAME	<b>Faith Winkler</b>
STREET ADDRESS	<b>1200 FT. PICKENS RD. #8A</b>	4.3 STREET ADDRESS	<b>1200 Fort Pickens Rd. #8A</b>
CITY-ST-ZIP	<b>PENSACOLA BCH. FL</b>	4.4 CITY-ST-ZIP	<b>Pensacola Beach, FL 32561</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>CARPENTER, MILLIE</b>	5.2 NAME	
STREET ADDRESS	<b>P.O. BOX 30147</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>400001905294</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WORK, JUDY</b>	6.2 NAME	<b>-07/26/96--01011--046</b>
STREET ADDRESS	<b>1200 FT. PICKENS RD. #12A</b>	6.3 STREET ADDRESS	<b>***61.25</b>
CITY-ST-ZIP	<b>PENSACOLA BEACH FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jean Birspsiel* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: **909.932.9341** DAYTIME PHONE: **7-25-96**

CR2E037 (12/95)