

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 19 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N03461 (3)  
 1. Corporation Name  
 TRISTAN TOWERS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

~~PENSACOLA BEACH PROPERTIES  
 1200 FT. PICKENS RD  
 PENSACOLA BCH FL 32561~~

~~PENSACOLA BEACH PROPERTIES  
 1200 FT. PICKENS RD  
 PENSACOLA BCH FL 32561~~

Tristan Towers  
 1200 Ft Pickens Rd

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/06/1984  
 3a. Date of Last Report 07/25/1996

2. Principal Place of Business 2a. Mailing Address

21 Tristan Towers 26 Tristan Towers  
 Suite, Apt. #, etc. 1200 Ft Pickens Rd Suite, Apt. #, etc. 1200 Ft Pickens Rd

22 City & State 27 City & State  
 Pensacola Beach, FL Pensacola Beach, FL

24 Zip 25 Country 29 Zip 30 Country  
 32561 USA 32561 USA

4. FEI Number 59-2545849 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

WORK, GARY  
 1200 FT. PICKENS ROAD #12A  
 PENSACOLA BCH FL 32561

Tristan Towers  
 Roger Garnjobst  
 1200 Ft Pickens Rd  
 Pensacola Beach, FL 32561

10. Name and Address of New Registered Agent

81 Name Tristan Towers - Roger M Garnjobst  
 82 Street Address (P.O. Box Number is Not Acceptable) 1200 Ft Pickens Rd  
 83  
 84 City Pensacola Beach FL 85 Zip Code 32561

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, or 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Roger M Garnjobst  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WORD, GARY	
STREET ADDRESS	1200 FT. PICKENS RD. #12A	
CITY-ST-ZIP	PENSACOLA BCH. FL 32561	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HUNT, BILL	
STREET ADDRESS	1200 FT. PICKENS RD.	
CITY-ST-ZIP	PENSACOLA BCH. FL 32561	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BIESPIEL, JEAN	
STREET ADDRESS	1200 FT. PICKENS RD. #6B	
CITY-ST-ZIP	PENSACOLA BCH. FL 32561	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WINKLER, FAITH	
STREET ADDRESS	1200 FT. PICKENS RD. #8A	
CITY-ST-ZIP	PENSACOLA BCH. FL 32561	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rod Fishburn	
1.3 STREET ADDRESS	1200 Ft Pickens Rd 1-B	
1.4 CITY-ST-ZIP	Pensacola Beach, FL 32561	
2.1 TITLE	VPP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard Dove	
2.3 STREET ADDRESS	1200 Ft Pickens Rd 9-F	
2.4 CITY-ST-ZIP	Pensacola Beach, FL 32561	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	David Oerting	
3.3 STREET ADDRESS	6214 E Bay Blvd	
3.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Larry Manziok	
4.3 STREET ADDRESS	1000 Gadsden Lane	
4.4 CITY-ST-ZIP	Lansdale, Pa. 19446	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *[Signature]* SIGNATURE REQUIRED

CR2E037 (4/97)