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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90158 004 \*\*\*\*61.25

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N03461**

1. Corporation Name

**TRISTAN-TOWERS-HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

TRISTAN TOWERS  
 1200 FT PICKENS RD  
 PENSACOLA BCH. FL 32561  
 US

Mailing Address

TRISTAN TOWERS  
 1200 FT PICKENS RD  
 PENSACOLA BCH. FL 32561  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date incorporated or Qualified

06/06/1984

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

9. Name and Address of Current Registered Agent

TRISTAN TOWERS - ROGER M GARNJOBST  
 1200 FT PICKENS RD  
 PENSACOLA BCH FL 32561

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHBURN, ROD	1.2 NAME	
STREET ADDRESS	1200 FT PICKENS RD 1-B	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BCH. FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOVE, RICHARD	2.2 NAME	
STREET ADDRESS	1200 FT PICKENS RD 9-F	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BCH. FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OERTING, DAVID	3.2 NAME	TD Work, Gary
STREET ADDRESS	6214 E BAY BLVD	3.3 STREET ADDRESS	1200 Ft Pickens Rd 12A
CITY-ST-ZIP	GULF BREEZE FL	3.4 CITY-ST-ZIP	Pensacola Beach, FL 32561
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANZIEK, LARRY	4.2 NAME	Manziek, Larry
STREET ADDRESS	1003 LN	4.3 STREET ADDRESS	3431 River Gardens Circle
CITY-ST-ZIP	LANSDALE PA	4.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evans, Dave	5.2 NAME	Evans, Dave
STREET ADDRESS	1200 Ft Pickens Rd	5.3 STREET ADDRESS	1200 Ft Pickens Rd 4D
CITY-ST-ZIP	Pensacola Beach FL 32561	5.4 CITY-ST-ZIP	Pensacola Beach, FL 32561
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Boros, Gail
STREET ADDRESS		6.3 STREET ADDRESS	1200 Ft Pickens Rd 10-D
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Pensacola Beach, FL 32561

14. I 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, with all other like empowered.

SIGNATURE:

**REINSTATEMENT REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)