
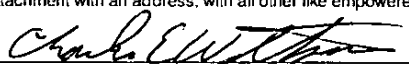


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90055 033 \*\*\*\*61.25

<b>DOCUMENT # N03461</b>			
1. Entity 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		3. Mailing Address <b>220 W. Garden St</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b># 303</b>	
City & State		City & State <b>PENSACOLA, FL</b>	
Zip	Country	Zip	Country
		<b>32502</b>	<b>USA</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILKES, CAROL 220 W. GARDEN ST., SUITE 303 PENSACOLA, FL 32501		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	
		Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYSE, STARR	NAME	<b>D Howes, Jody</b>
STREET ADDRESS	1200 FT. PICKENS RD, 1F	STREET ADDRESS	<b>1200 FT PICKENS RD</b>
CITY-ST-ZIP	PENSACOLA, FL 32561	CITY-ST-ZIP	<b>PENSACOLA Beach, FL 32561</b>
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATKINS, CHUCK	NAME	<b>LASHLEY, ALAN</b>
STREET ADDRESS	1200 FT. PICKENS RD., 4-D	STREET ADDRESS	<b>1400 ST RTE 750</b>
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	CITY-ST-ZIP	<b>POWELL, OHIO 43065</b>
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WORK, GARY	NAME	<b>D LONGILIDA</b>
STREET ADDRESS	1200 FT. PICKENS ROAD 12A	STREET ADDRESS	<b>330 PLANTATION Rd</b>
CITY-ST-ZIP	PENSACOLA, FL 32561	CITY-ST-ZIP	<b>GULF BREEZE, FL 32561</b>
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANZIEK, LARRY	NAME	<b>TD MANZIEK, LARRY</b>
STREET ADDRESS	3431 RIVER GARDENS CIRCLE	STREET ADDRESS	<b>1200 FT PICKENS Rd 18c</b>
CITY-ST-ZIP	PENSACOLA, FL 32514	CITY-ST-ZIP	<b>PENSACOLA Beach, FL 32561</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DIANE	NAME	
STREET ADDRESS	5453 ROWE TRAIL	STREET ADDRESS	
CITY-ST-ZIP	PACE, FL 32571	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWINE, JOY	NAME	
STREET ADDRESS	1200 FT PICKENS RD	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		PRESIDENT CHARLES E. WATKINS 1/21/05 (850) 516-9283	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	