


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90247 012 \*\*\*\*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 220 W GARAM ST # 303 PENSACOLA, FL 32502 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2545849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYSE, STARR		NAME	WYSE, STARR	
STREET ADDRESS	1200 FT. PICKENS RD, 1F		STREET ADDRESS	1200 FT PICKENS RD 1F	
CITY-ST-ZIP	PENSACOLA, FL 32561		CITY-ST-ZIP	PICOLA Bch, FL 32561	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, CHUCK		NAME	CHUCK WATKINS	
STREET ADDRESS	1200 FT. PICKESN RD., 4-D		STREET ADDRESS	1200 FT PICKENS RD 4D	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561		CITY-ST-ZIP	PENSACOLA Bch, FL 32561	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORK, GARY		NAME	GARY WORK	
STREET ADDRESS	1200 FT. PICKENS ROAD 12A		STREET ADDRESS	1200 FT PICKENS RD 12A	
CITY-ST-ZIP	PENSACOLA, FL 32561		CITY-ST-ZIP	PICOLA Bch, FL 32561	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANZIEK, LARRY		NAME	LINDA LONG	
STREET ADDRESS	1200 FT PICKENS RD, 8E		STREET ADDRESS	330 PLANTATION RD	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561		CITY-ST-ZIP	GULF Breeze, FL 32563	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DIANE		NAME	DIANE SMITH	
STREET ADDRESS	5453 ROWE TRAIL		STREET ADDRESS	5453 ROWE TRAIL	
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP	PACE, FL 32571	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWNE, 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 exemptions contained in Chapter 119, 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: <u>Diane D. Jones</u>				3/23/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	

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