


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90029 025 ****61.25

DOCUMENT # N03461					
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 - No P.O. Box #		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 Susan L Moody		
			Street Address (P.O. Box Number is Not Acceptable)		
			220 W. Garden St, Suite 303		
			City Pensacola	State FL	Zip Code 32502
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 Susan L Moody		(NOTE: Registered Agent signature required when reinstating)		DATE 2-27-07	
Filing Fee is \$61.25 Due by May 1, 2007		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WYSE, STORE		NAME		
STREET ADDRESS	120 A PICKENS RD 1F		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32561		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATKINS, CHUCK		NAME		
STREET ADDRESS	1200 1ST PICKENS RD 4D		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WORK, GARY		NAME		
STREET ADDRESS	1200 FT. PICKENS ROAD 12A		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32561		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANZIEK, LARRY		NAME		
STREET ADDRESS	1200 FT PICKENS RD, 8E		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561		CITY-ST-ZIP		
TITLE	PD	<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		

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4. FEI Number **59-2545849**

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

SIGNATURE **Susan L Moody** DATE **2-27-07**

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Due by May 1, 2007**

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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: **Chuck Watkins**