


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90012 044 ****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 <i>PO. Box 12507</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Pensacola FL</i>	
Zip	Country	Zip	Country
		<i>32541</i>	<i>US</i>
4. FEI Number 59-2545849		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOODY, SUSAN L 220 W. GARDEN ST., SUITE 303 PENSACOLA, FL 32501		Name <i>Susan L. Moody</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>3330. 9th Ave</i>	
		City <i>Pensacola</i> FL Zip Code <i>32502</i>	
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 <i>Susan L. Moody</i>		DATE <i>2-20-08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		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	<i>VICE PRESIDENT</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, CHUCK	NAME	<i>Chuck Watkins</i>
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	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORK, GARY	NAME	<i>Gary Work</i>
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	<i>Director</i> <input checked="" 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 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: <i>Chuck Watkins</i>		Date <i>2/20/08</i> Daytime Phone # <i>950 434 7633</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	