

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

1/2

01-21-2003 90505 036 ****61.25

DOCUMENT # N03461

1. Entity Name
TRISTAN TOWERS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
TRISTAN TOWERS
1200 FT PICKENS RD
PENSACOLA BCH. FL 32561
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 **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 checked="" type="checkbox"/> Delete |
| NAME | HERNANDEZ, SERGIO |
| STREET ADDRESS | 1200 FT. PICKENS ROAD, 8-D |
| CITY-ST-ZIP | PENSACOLA BEACH FL 32561 |
| TITLE | OG <input type="checkbox"/> Delete |
| NAME | WATKINS, CHUCK |
| STREET ADDRESS | 1200 FT. PICKENS ROAD |
| CITY-ST-ZIP | PENSACOLA BEACH FL 32561 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | WORK, GARY |
| STREET ADDRESS | 1200 FT. PICKENS ROAD 12A |
| CITY-ST-ZIP | PENSACOLA FL 32561 |
| TITLE | VPD <input type="checkbox"/> Delete |
| NAME | MANZIEK, LARRY |
| STREET ADDRESS | 3431 RIVER GARDENS CIRCLE |
| CITY-ST-ZIP | PENSACOLA FL 32514 |
| TITLE | TD <input checked="" type="checkbox"/> Delete |
| NAME | SAVELL, DAVID |
| STREET ADDRESS | 1200 FT PICKENS RD 68 |
| CITY-ST-ZIP | PENSACOLA BEACH FL 32561 |
| TITLE | PD <input type="checkbox"/> Delete |
| NAME | DEWINE, JOY |
| STREET ADDRESS | 1200 FT PICKENS RD |
| CITY-ST-ZIP | PENSACOLA BEACH FL 32561 |

| | |
|----------------|--|
| TITLE | S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Wyse, Starr |
| STREET ADDRESS | 1200 Ft. Pickens Rd., 1F |
| CITY-ST-ZIP | Pensacola Beach, FL 32561 |
| TITLE | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 1200 Ft. Pickens Rd., 4-D |
| CITY-ST-ZIP | |
| TITLE | VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | TRES/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SMITH, Diane |
| STREET ADDRESS | 612 Farine Dr. |
| CITY-ST-ZIP | Irving, TX 75062 |
| TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

CR2E037 (10/02)

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: **SIGNATURE REQUIRED** *Chuck Watkins* 2/10/03 (850) 916-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #