2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90043 007 ****61.25

DOCUMENT # N98000000646

1. Entity Name

TRANQUILLITY ON THE BEACH OWNERS ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
4514 E CTY HWY 30A SANTA ROSA BEACH FL 32459	4514 E. CITY HWY 30-A % ABBOTT RESORTS SANTA ROSA BEACH FL 32459

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
GARRETT REALTY SERV., INC.	PO BOX 4747
Suite, Apt. #, etc.: 3723 E. C30A	Suite, Apt. #, etc.:
City & State: SEAGROVE BCH., FL	City & State: SANTA ROSA BCH., FL.
Zip: 32459 Country: US	Zip: 32459 Country: US

4. FEI Number: 59-3500614 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BENZ, MIKE~~ ~~1234 AIRPORT RD., STE 226~~ ~~DESTIN FL 32541~~	Name: GARRETT REALTY SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable): 3723 E. C30A City: SEAGROVE BCH. FL Zip Code: 32459

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.

X SIGNATURE: Thomas A. Lewis Pres. & COB DATE: 3/26/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAMPS, JOSEPH 3800 BOBBIN BROOK CIR TALLAHASSEE FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCMULLIAN, JACKIE 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SPRINGER, JAMES 4072 MCLAUGHLIN DR TALLAHASSEE FL 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD RICHMOND, RYAN PO BOX 611477 ROSEMARY BCH., FL. 32461	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RICE, TOM 713 MELPARK DR NASHVILLE TN ~~46348~~ 37204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD 37204	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, DONALD 4514 E COUNTY HWY 30A SANTA ROSA FL 32413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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.

X SIGNATURE: Thomas A. Lewis Pres. & COB 3/26/02 615-385-4422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #