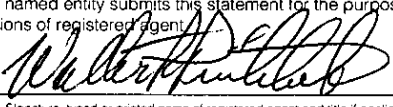
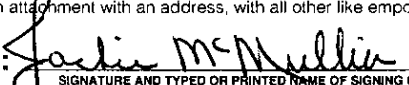


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90260 016 \*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                                                                                                                                                                                  |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # N98000000646</b><br>1. Entity Name<br><b>TRANQUILLITY ON THE BEACH OWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                                                                                                                                 |                                                                   |
| Principal Place of Business<br><b>C/O COLDWELL BAKER RESORT MAM.<br/>         2129 S. CO. HWY 83<br/>         SANTA ROSA BEACH, FL 32459 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          | Mailing Address<br><del>2129 S. CO. HWY 83</del><br><b>SANTA ROSA BEACH, FL 32459 US</b>                                                                                                                                         |                                                                   |
| 2. Principal Place of Business<br><b>5311 E. Co Hwy 30A</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          | 3. Mailing Address<br><b>P.O. Box 4703</b><br>Suite, Apt. #, etc.                                                                                                                                                                |                                                                   |
| City & State<br><b>SANTA ROSA BEACH, FL</b><br>Zip<br><b>32459</b> Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          | City & State<br><b>SANTA ROSA BEACH, FL</b><br>Zip<br><b>32459-4703</b> Country<br><b>USA</b>                                                                                                                                    |                                                                   |
| 4. FEI Number<br><b>59-3500614</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                           |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                            |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>PRITCHETT, WALTER R</b><br><del>2720 S. CO. HWY 83</del><br><b>SANTA ROSA BEACH, FL 32459</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | 7. Name and Address of New Registered Agent<br>Name <b>Pritchett, Walter R</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5311 E Co Hwy 30A</b><br>City <b>Santa Rosa Beach</b> <b>FL</b> Zip Code <b>32459</b> |                                                                   |
| 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.<br>SIGNATURE  <b>WALTER R. PRITCHETT</b> <b>4/26/2004</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                       |                                                                          |                                                                                                                                                                                                                                  |                                                                   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                                              |                                                                   |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                                                                                                                                                                                                                  |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                     |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VPD<br>MCMULLIAN, JACKIE<br>1919 FLOWERS CIRCLE<br>THOMASVILLE, GA 31757 | <input type="checkbox"/> Delete                                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STD<br>BENTON, ANN<br>1691 GROVE PARK WAY<br>DECATUR, GA 30033           | <input type="checkbox"/> Delete                                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>RICE, TOM<br>713 MELPARK DR<br>NASHVILLE, TN 37204                 | <input type="checkbox"/> Delete                                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          | <input type="checkbox"/> Delete                                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          | <input type="checkbox"/> Delete                                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          | <input type="checkbox"/> Delete                                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  <b>JACKIE MCMULLIAN</b> <b>4/26/04</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                                                                                                                                                                                  |                                                                   |