2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90260 016 ****61.25

DOCUMENT # N98000000646

1. Entity Name
TRANQUILLITY ON THE BEACH OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~C/O COLDWELL BANKER RESORT MAM.~~ ~~2129 S. CO. HWY 83~~ ~~SANTA ROSA BEACH, FL 32459 US~~	~~2129 S. CO. HWY 83~~ ~~SANTA ROSA BEACH, FL 32459 US~~

01232004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
5311 E. Co Hwy 30A Suite, Apt. #, etc.	P.O Box 4703 Suite, Apt. #, etc.
City & State: Santa Rosa Beach, FL Zip: 32459 Country: USA	City & State: Santa Rosa Beach, FL Zip: 32459-4703 Country: USA

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
PRITCHETT, WALTER R ~~2129 S. CO. HWY. 83~~ SANTA ROSA BEACH, FL 32459	Name: Prittchett, Walter R Street Address (P.O. Box Number is Not Acceptable): 5311 E Co Hwy 30 A City: Santa Rosa Beach 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Walter Prittchett WALTER R PRITCHETT 4/26/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCMULLIAN, JACKIE 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BENTON, ANN 1691 GROVE PARK WAY DECATUR, GA 30033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RICE, TOM 713 MELPARK DR NASHVILLE, TN 37204	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Jackie McMullian Jackie McMullian 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #