2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State
04-01-2005 90022 039 ****61.25

50033133

DOCUMENT # N98000000646

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

Principal Place of Business	Mailing Address
~~533 E CO HWY 30A~~ ~~LAKE HARBOR, FL 33459 US~~	PO BOX 4703 SANTA ROSA BEACH, FL 32459-4703 US

01282005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5311 E Co Hwy 30A Suite, Apt. #, etc.
City & State	City & State: Santa Rosa Beach, FL
Zip / Country	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
PRITCHETT, WALTER R 5311 E CO HWY 30A SANTA ROSA BEACH, FL 32459	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 _____
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, 2005

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	PD HEETH VARNEDOE 1308 LOVERS LANE THOMASVILLE, GA 31792	☐ 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	D MATTHEW FANCHER 2212 INDEPENDENCE DR CONYERS, GA 30094	☐ 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: Ann Benton ANN BENTON 3-22-04 404-321-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #