

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000646

FILED
Apr 27, 2006
Secretary of State

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

Current Principal Place of Business:

533 E CO HWY 30A
LAKE HARBOR, FL 33459 US

New Principal Place of Business:

5331 E COUNTY HWY 30A
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

5311 E CO HWY 30A
SANTA ROSA BEACH, FL 324594703 US

New Mailing Address:

5311 E COUNTY HWY 30A
STE 5
SANTA ROSA BEACH, FL 32459 US

FEI Number: 59-3500614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHETT, WALTER R
5311 E CO HWY 30A
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

PRITCHETT, WALTER R
5311 E COUNTY HWY 30A
STE 5
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE:

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MCMULLIAN, JACKIE
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

Title: STD () Delete
Name: BENTON, ANN
Address: 1691 GROVE PARK WAY
City-St-Zip: DECATUR, GA 30033

Title: PD () Delete
Name: VARNDORF, HEETH
Address: 1308 LOVERS LANE
City-St-Zip: THOMASVILLE, GA 31792

Title: D () Delete
Name: FANCHER, MATTHEW
Address: 2212 INDEPENDENCE DR
City-St-Zip: CONYERS, GA 30094

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: MCMULLIAN, JACKIE
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: O'BRIEN, MIKE
Address: 1305 FAIRWAY VIEW
City-St-Zip: BIRMINGHAM, AL 35244

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN BENTON

S

04/27/2006

Electronic Signature of Signing Officer or Director

Date