2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State
03-12-2003 90144 035 ****61.25

DOCUMENT # N98000000646

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

Principal Place of Business	Mailing Address
GARRETT REALTY SERVICE INC 3723 E C30A SEAGROVE BEACH FL 32459 US	P O BOX 4747 SANTA ROSA BEACH FL 32459 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
c/o COLDWELL BANKER RESORT MGM.	
Suite, Apt. #, etc.: 2129 S. CO. HWY 83	Suite, Apt. #, etc.: 2129 S. CO. HWY 83
City & State: SANTA ROSA BEACH, FL	City & State: SANTA ROSA BEACH, FL
Zip: 32459 Country:	Zip: 32459 Country:

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
GARRETT REALTY SERVICES, INC. 3723 E C30A SEAGROVE BEACH FL 32459	Name: WALTER R. PRITCHETT Street Address (P.O. Box Number is Not Acceptable): 2129 S. CO. HWY 83 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 R. Pritchett 3/5/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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	STD ANN BENTON 1691 GROVE PARK WAY DECATUR, GA 30033	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD RICHMOND, RYAN P O BOX 611477 ROSEMARY BEACH FL 32461	☒ 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
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CR2E037 (10/02)

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: SIGNATURE REQUIRED 3-6-03 404-321-3200