

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03461

**Entity Name:** TRISTAN TOWERS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

TRISTAN TOWERS  
1200 FT PICKENS RD  
PENSACOLA BEACH, FL 32561

**Current Mailing Address:**

PO BOX 954  
GULF BREEZE, FL 32561 US

**FEI Number: 59-2545849**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WATSON, LINDA L  
850 FT. PICKENS  
PENSACOLA BEACH, FL 32561 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:** LINDA WATSON

02/13/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name DEWINE, JAMES  
Address PO BOX 954  
City-State-Zip: GULF BREEZE FL 32591

Title SECRETARY  
Name WOODEN, JOHANNA  
Address PO BOX 954  
City-State-Zip: GULF BREEZE FL 32591

Title DIRECTOR  
Name SMITH, JENNIFER  
Address PO BOX 954  
City-State-Zip: GULF BREEZE FL 32561

Title TREASURER  
Name CUNNINGHAM, STEVE  
Address PO BOX 954  
City-State-Zip: GULF BREEZE, FL 32561

Title PRESIDENT  
Name PICKER, STEVE  
Address PO BOX 954  
City-State-Zip: GULF BREEZE, FL 32561

Title DIRECTOR  
Name KOCK, MELISSA  
Address PO BOX 954  
City-State-Zip: GULF BREEZE FL 32561

Title DIRECTOR  
Name MARAL, MARLEE  
Address PO BOX 954  
City-State-Zip: GULF BREEZE FL 32561

*I hereby 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 all other like empowered.*

**SIGNATURE:** JAMES DEWINE

VICE PRESIDENT

02/13/2019

Electronic Signature of Signing Officer/Director Detail

Date