

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N03461

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

**FILED**  
**Nov 05, 2013**  
**Secretary of State**  
**CC8188899625**

**Current Principal Place of Business:**

TRISTAN TOWERS  
1200 FT PICKENS RD  
PENSACOLA BEACH, FL 32561

**Current Mailing Address:**

PO BOX 12507  
PENSACOLA, FL 32591 US

**FEI Number: 59-2545849**

**Certificate of Status Desired: No**

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

MOODY, SUSAN L  
33 SOUTH 9TH AVE  
PENSACOLA, FL 32502 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D, DIRECTOR  
Name DEWINE, JAMES  
Address PO BOX 12507  
City-State-Zip: PENSACOLA FL 32591

Title D, DIRECTOR  
Name WATKINS, CHUCK  
Address PO BOX 12507  
City-State-Zip: PENSACOLA FL 32591

Title SD  
Name LONG, LINDA  
Address PO BOX 12507  
City-State-Zip: PENSACOLA FL 32591

Title TD  
Name YOUNG, MICHAEL  
Address PO BOX 12507  
City-State-Zip: PENSACOLA FL 32591

Title PRESIDENT, DIRECTOR  
Name SWEENEY, ARTHUR  
Address PO BOX 12507  
City-State-Zip: PENSACOLA FL 32591

Title VP, DIRECTOR  
Name FLETCHER, JEFFERY  
Address PO BOX 12507  
City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR  
Name TONELLI, KENNETH  
Address PO BOX 12507  
City-State-Zip: PENSACOLA FL 32591

*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: ARTHUR SWEENEY**

**PRES**

**11/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date