# 2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03461

Entity Name: TRISTAN TOWERS HOMEOWNERS ASSOCIATION, INC.

FILED
Jun 02, 2015
Secretary of State
CC3036966750

# **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 657 EAST ROMANA ST. 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:

TitleDIRECTOR, SECRETARYTitleVP, DIRECTORNameDEWINE, JAMESNameYOUNG, PIERCE MAddressPO BOX 12507AddressPO BOX 12507

City-State-Zip: PENSACOLA FL 32591 City-State-Zip: PENSACOLA FL 32591

TitleDIRECTORTitleDIRECTOR, PRESIDENTNameFLETCHER, JEFFERYNamePICKER, STEVEN DAddressPO BOX 12507AddressPO BOX 12507

City-State-Zip: PENSACOLA FL 32591 City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR, TREASURER Title DIRECTOR

NameHONICK, DONNANameNICHOLS, MARKAddressPO BOX 12507AddressPO BOX 12507

City-State-Zip: PENSACOLA FL 32591 City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR

Name COTTON, HEIDI

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: STEVEN PICKER PRESIDENT 06/02/2015