

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03461

FILED
Jan 25, 2016
Secretary of State
CC6604786843

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

01/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP, DIRECTOR
Name YOUNG, PIERCE M
Address PO BOX 12507
City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR, PRESIDENT
Name PICKER, STEVEN D
Address PO BOX 12507
City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR, TREASURER
Name HONICK, DONNA
Address PO BOX 12507
City-State-Zip: PENSACOLA FL 32591

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

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

Title SECRETARY, DIRECTOR
Name KOCH, MELISSA
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

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date