

2020 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

01/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title VP
Name SWEANY, VICKI
Address PO BOX 954
City-State-Zip: GULF BREEZE FL 32591Title SECRETARY
Name WOODEN, JOHANNA
Address PO BOX 954
City-State-Zip: GULF BREEZE FL 32591Title DIRECTOR
Name DUKES, TRICE
Address PO BOX 954
City-State-Zip: GULF BREEZE FL 32561Title TREASURER
Name CUNNINGHAM, STEVE
Address PO BOX 954
City-State-Zip: GULF BREEZE, FL 32561Title PRESIDENT
Name PICKER, STEVE
Address PO BOX 954
City-State-Zip: GULF BREEZE, FL 32561Title DIRECTOR
Name HARDY, JIM
Address PO BOX 954
City-State-Zip: GULF BREEZE FL 32561Title DIRECTOR
Name FERRER, JOHN
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: STEVE PICKER

PRESIDENT

01/21/2020

Electronic Signature of Signing Officer/Director Detail

Date