

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03461

Entity Name: TRISTAN TOWERS HOMEOWNERS ASSOCIATION, INC.

FILED
May 23, 2018
Secretary of State
CC8033199189

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

05/23/2018

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 BOWLES, JIM
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: JIM BOWLES

PRESIDENT

05/23/2018

Electronic Signature of Signing Officer/Director Detail

Date