

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000591

**Entity Name:** TIBURON WEST OF SANTA ROSA COUNTY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504**Current Mailing Address:**908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504 US**FEI Number: 20-4427083****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ETHERIDGE, KEVIN R  
908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504 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: KEVIN R ETHERIDGE****04/04/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BRACKETT, LEE  
Address 4540 CARMEL CIRCLE  
City-State-Zip: PACE FL 32571

Title DIRECTOR  
Name DAWSEY, SHANE  
Address 4667 CARMEL CIRCLE  
City-State-Zip: PACE FL 32571

Title PRESIDENT  
Name SCHUTT, BILL  
Address 4022 TIBURON WEST BLVD  
City-State-Zip: PACE FL 32571

Title VP  
Name BUSEN, JON  
Address 4854 HILARITA CIRCLE  
City-State-Zip: PACE FL 32571

Title TREASURER  
Name STREET, ANNA  
Address 4638 CARMEL CIRCLE  
City-State-Zip: PACE FL 32571

Title TREASURER  
Name MUSACCHIA, ALEXANDER  
Address 4040 TIBURON BLVD.  
City-State-Zip: PACE FL 32571

Title DIRECTOR  
Name COZBY, JAMES  
Address 4546 CARMEL CIRCLE  
City-State-Zip: PACE FL 32571

*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: JAMES COZBY****04/04/2018**

Electronic Signature of Signing Officer/Director Detail

Date