

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 766826	
1. Entity Name TIKI BEACH CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 321 BREAM AVE 210 FORT WALTON BEACH, FL 32548 US	Mailing Address 321 BREAM AVE 210 FORT WALTON BEACH, FL 32548 US



DO NOT WRITE IN THIS SPACE

01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2958115	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOLLIS, ALICIA J
321 BREAM AVE
210
FORT WALTON BEACH, FL 32548**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Alicia J. Hollis

3/2/07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000656163
03/14/07-80015-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONGER, NEIL 536 AVONDALE RD MONTGOMERY, AL 36109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD APGAR, ROBERT 510 FRANK SHAW RD TALLAHASSEE, FL 32302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, DAVID 4126 BEACH DRIVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONGER, TAMSEN 536 AVONDALE RD MONTGOMERY, AL 36109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Alicia J. Hollis

Alicia J. Hollis