

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 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



01082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2956115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
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 _____

Filing Fee is \$81.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000783843
01/16/08-80031-001 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CONGER, NEIL
STREET ADDRESS 536 AVONDALE RD
CITY-ST-ZIP MONTGOMERY, AL 36109

TITLE VD
NAME APGAR, ROBERT
STREET ADDRESS 510 FRANK SHAW RD
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE D
NAME MORGAN, DAVID
STREET ADDRESS 4126 BEACH DRIVE
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE S
NAME CONGER, TAMSEN
STREET ADDRESS 536 AVONDALE RD
CITY-ST-ZIP MONTGOMERY, AL 36109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08 850-244-1134
Date Daytime Phone #