

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90115 008 ****70.00

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1. Entity Name
**TRANQUIL HARBOR CONDOMINIUM OWNERS'
ASSOCIATION, INC.**

Principal Place of Business
**602 HWY 98 E #12
DESTIN, FL 32541**

Mailing Address
**602 HWY 98 E #12
DESTIN, FL 32541**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3675240

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HEFNER, LUNELL
602 HWY 98E #12
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **CADSHAW, COOKIR**
STREET ADDRESS **602 HWY 98 E #104**
CITY-STATE-ZIP **DESTIN, FL 32541**

TITLE **VP** ☐ Delete
NAME **WILLIAMS, TOMMY**
STREET ADDRESS **602 HWY 98 E #102**
CITY-STATE-ZIP **DESTIN, FL 32541**

TITLE **ST** ☐ Delete
NAME **SIMPSON, LEXY**
STREET ADDRESS **4215 HARDEN G PIKE #112**
CITY-STATE-ZIP **NASHVILLE, TN 37205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add New
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **P** ☒ Change ☐ Add New
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **T** ☒ Change ☐ Add New
NAME **SIMPSON, IRBY**
STREET ADDRESS **4215 HARDEN G PIKE #112**
CITY-STATE-ZIP

TITLE **S** ☐ Change ☒ Add New
NAME **SUKSTORF, STEVE**
STREET ADDRESS **602 HARBOR BLVD. #101**
CITY-STATE-ZIP **DESTIN, FL 32541**

TITLE ☐ Change ☐ Add New
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add New
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

Tommy R. Williams **Tommy R. Williams**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT HOA

2/12/06
Date

850 585-0574
Daytime Phone