2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000004025

1. Entity Name
THE TRANQUIL SHORES HOMEOWNERS' ASSOCIATION, INC.

FILED
May 12, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
29 TRANQUIL WAY SEACREST BEACH, FL 32413	P.O. BOX 611438 ROSEMARY BEACH, FL 32461

05022004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3618685
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEBB, CHARLES A
29 TRANQUIL WAY
SEACREST BEACH, FL 32413

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEBB, CHARLES A
STREET ADDRESS	29 TRANQUIL WAY
CITY-ST-ZIP	SEACREST, FL 32413
TITLE	D
NAME	HADAWAY, TERRI
STREET ADDRESS	29 TRANQUIL WAY
CITY-ST-ZIP	SEACREST, FL 32413
TITLE	D
NAME	HARDIN, TOM
STREET ADDRESS	97 CASTLE
CITY-ST-ZIP	FLORISSANT, MO 63064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/12/04-80003-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles A Webb 05/01/04 850-830-0636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #