# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 12, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # N01000004025

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

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

07082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**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 $61.25**
**Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | WEBB, CHARLES A |
| STREET ADDRESS | 29 TRANQUIL WAY |
| CITY-ST-ZIP | SEACREST, FL 32413 |
| TITLE | S |
| NAME | WEBB, TERRI |
| STREET ADDRESS | 29 TRANQUIL WAY |
| CITY-ST-ZIP | SEACREST, FL 32413 |
| TITLE | T |
| 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 | |

U00000768338
07/12/07-80004-013 61.25

**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:** Charles A. Webb Charles A. Webb, President July 9, 2007 850-231-1707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #