

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006565

FILED  
Apr 05, 2010  
Secretary of State

**Entity Name:** TRE-VISTE OWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

4420 EAST COUNTY HIGHWAY 30A  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WALTON SANDS, LLC  
P.O. BOX 4743  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 32-0070888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAIG, CHANA M  
297 CAMPBELL STREET  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROWE, PATRICIA  
Address: 1000 STONEGATE COURT  
City-St-Zip: ROSWELL, GA 30075

Title: VP  
Name: MOAK, GERRE  
Address: P.O. BOX 242  
City-St-Zip: BOGUE CHITTO, MS 39629

Title: ST  
Name: DAVIS, JIM  
Address: 2771 REGATTA WAY  
City-St-Zip: TUSCALOOSA, AL 35406

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHANA M. CRAIG

CAM

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date