

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008728

FILED
Aug 09, 2006
Secretary of State

Entity Name: TROPIC WINDS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

502 HARMON AVE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

502 HARMON AVE
PANAMA CITY, FL 32401

New Mailing Address:

P.O. BOX 609
HIXSON, TN 37343

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, JACK G
502 HARMON AVE
PANAMA CITY, FL 32401 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: D () Delete
Name: HARBOUR, CB III
Address: 4513 HIXSON PIKE SUITE 108
City-St-Zip: CHATTANOOGA, TN 37343

Title: D () Delete
Name: HARBOUR, CB IV
Address: 4513 HIXSON PIKE SUITE 108
City-St-Zip: CHATTANOOGA, TN 37343

Title: D () Delete
Name: HARBOUR, MELINDA
Address: 4513 HIXSON PIKE SUITE 108
City-St-Zip: CHATTANOOGA, TN 37343

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

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Name: () Change () Addition
Address: () Change () Addition
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Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: C.B. HARBOUR III

D

08/09/2006

Electronic Signature of Signing Officer or Director

Date