

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008728

**FILED**  
**Jan 07, 2010**  
**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:**

P.O. BOX 609  
HIXSON, TN 37343

**New Mailing Address:**

P.O. BOX 58  
SIGNAL MOUNTAIN, TN 37377

**FEI Number:** 20-4124637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: HARBOUR, CB III  
Address: 502 HARMON AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: D  
Name: ROBERTS, PEGGY  
Address: 243 SIGNAL MTN ROAD, STE M  
City-St-Zip: CHATTANOOGA, TN 37405

Title: D  
Name: CHANDLER, ROBERT  
Address: 243 SIGNAL MTN ROAD, SUITE M  
City-St-Zip: CHATTANOOGA, TN 37405

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: C.B. HARBOUR, III

D

01/07/2010

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

\_\_\_\_\_  
Date