2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2011
Secretary of State

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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 58
SIGNAL MOUNTAIN, TN 37377

New Mailing Address:

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 04/12/2011

Electronic Signature of Signing Officer or Director Date