

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44947

FILED  
Jan 04, 2008  
Secretary of State

**Entity Name:** TRISTAN VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2 TRISTAN WAY  
PENSACOLA BEACH, FL 32561 US

**New Principal Place of Business:**

**Current Mailing Address:**

2 TRISTAN WAY  
PENSACOLA BEACH, FL 32561 US

**New Mailing Address:**

**FEI Number:** 59-3091735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRANDON, ROBERT A  
2 TRISTAN WAY  
PENSACOLA BEACH, FL 32561 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: PD ( ) Delete  
Name: HARTRANFT, DAVID  
Address: 8 TRISTAN WAY  
City-St-Zip: PENSACOLA BCH, FL 32561

Title: TS ( ) Delete  
Name: BRANDON, ROBERT A  
Address: 2 TRISTAN WAY  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D ( ) Delete  
Name: SCRUGGS, CHARLES C  
Address: 6 TRISTAN WAY  
City-St-Zip: PENSACOLA BEACH, FL 32561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: PACKWOOD, MARY K  
Address: 4 TRISTAN WAY  
City-St-Zip: PENSACOLA BEACH, FL 32561

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT A. BRANDON

TS

01/04/2008

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

\_\_\_\_\_  
Date