

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730425 (6)

1. Corporation Name

TIDEVUE ESTATES CIVIC ASSOCIATION, INC.

Principal Place of Business

4214 11TH STREET COURT EAST
ELLENTON FL 34222
US

Mailing Address

4214 11TH ST CT E
ELLENTON FL 34222-25633. Date Incorporated or Qualified
08/13/19743a. Date of Last Report
02/14/1996

4. FEI Number

59-1656049

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MCMICHAEL, CHARLES
1528-47TH AVE DR E
ELLENTON FL 34222

10. Name and Address of New Registered Agent

81 Name

YOERGER, ROY E.

82 Street Address (P.O. Box Number is Not Acceptable)

1520 - 44TH AVE DR E

83

ELLENTON

84 City

FL

85 Zip Code

34222

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-10-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCMICHAEL, CHARLES	
STREET ADDRESS	1528 - 47TH AVE DR., E.	
CITY-ST-ZIP	ELLENTON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COVERDALE, E T	
STREET ADDRESS	1217-41ST AVE DR E	
CITY-ST-ZIP	ELLENTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHIERLING, PATRICIA	
STREET ADDRESS	1304 - 41ST AVE E	
CITY-ST-ZIP	ELLENTON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JAMISON, ROBERT	
STREET ADDRESS	1210 - 45 AVE DR E	
CITY-ST-ZIP	ELLENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REHEINGANS, RALPH	
STREET ADDRESS	1524 - 46TH AVE E	
CITY-ST-ZIP	ELLENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOERGER, ROY	
STREET ADDRESS	1520-44TH AVE DR E	
CITY-ST-ZIP	ELLENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	YOERGER, ROY E.	
1.3 STREET ADDRESS	1520 - 44TH AVE DR E	
1.4 CITY-ST-ZIP	ELLENTON, FL 34222	
2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ARTHUR KLEVE	
2.3 STREET ADDRESS	1111 - 41ST AVE E	
2.4 CITY-ST-ZIP	ELLENTON, FL 34222	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MILLER, CARL	
3.3 STREET ADDRESS	4404 - 12TH ST CT E	
3.4 CITY-ST-ZIP	ELLENTON, FL 34222	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GREENFELDER, SHIRLEY	
4.3 STREET ADDRESS	1112 - 43RD AVE E	
4.4 CITY-ST-ZIP	ELLENTON, FL 34222	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RHEINGANS, RALPH	
5.3 STREET ADDRESS	1524 - 46TH AVE E	
5.4 CITY-ST-ZIP	ELLENTON, FL 34222	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MISNER, LEO	
6.3 STREET ADDRESS	1210 - 45TH AVE E	
6.4 CITY-ST-ZIP	ELLENTON, FL 34222	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97

Date

Daytime Phone # 0062341

CR2E037 (9/96)