

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007703

**FILED  
Jul 01, 2004  
Secretary of State**

**Entity Name:** TIDE CREEK LANDING HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2931 CRAWFORDVILLE HWY.  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.DRAWER 6506  
TALLAHASSEE, FL 323146506

**New Mailing Address:**

**FEI Number:** 59-3755303      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROUTA, ROBERT A  
2931 CRAWFORDVILLE HWY.  
CRAWFORDVILLE, FL 32327      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: NICHOLS, J.DON  
Address: 416 JACKSON BLVD  
City-St-Zip: NASHVILLE, TN 37205

Title: D      ( ) Delete  
Name: CRUM, KEN  
Address: 99 ROCK LANDING ROAD  
City-St-Zip: PANACEA, FL 32346

Title: D      ( ) Delete  
Name: TUCKER, MARSHA  
Address: 146 COASTAL HWY.  
City-St-Zip: PANACEA, FL 32346

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: J. DON NICHOLS

D

07/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date