


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-04-2004 90137 006 ****61.25

DOCUMENT # N03035

1. Entity Name
EBB TIDE CLUB OF MARCO ISLAND CONDOMINIUM CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

871 COLLIER CT.
P.O. BOX 1824
MARCO ISLAND FL 34146

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P.O. BOX 1824
MARCO ISLAND FL 34146


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

66425478



MOORE CR2E037 (11/03)

4. FEI Number Applied For

59-2405785 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RESORT MANAGEMENT
834 BALD EAGLE DRIVE
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name: **Vardleys Property Mgmt Inc**
Street Address (P.O. Box Number is Not Acceptable): **P.O. Box 793, 961 Collier Court**
City: **Marco Island** FL Zip Code: **34146**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Robert Yardley, Jr.* DATE: 5-26-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW. FEE IS \$61.25
Due By: May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/T	<input type="checkbox"/> Delete
NAME	HENRY, GORDON	
STREET ADDRESS	871 COLLIER CT #A3	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	SMITH, HAL	
STREET ADDRESS	871 COLLIER CT. #B3	
CITY-ST-ZIP	MARCO ISLAND FL 34146	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROACH, BOBBY	
STREET ADDRESS	871 COLLIER CT. #2A	
CITY-ST-ZIP	MARCO ISLAND FL 34146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bobby Roach* 4-28104 239 642-6404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #