2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State
01-20-2000 90094 049 ****61.25

DOCUMENT # N12761

1. Entity Name

THE TIDEWATER HOMEOWNERS ASSOCIATION, INC.

604902

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% KEVIN BOLER 22 TIDEWATER DR ORMOND BEACH FL 32174 US	% KEVIN BOLER 22 TIDEWATER DR ORMOND BEACH FL 32174-4294 US

2. Principal Place of Business	3. Mailing Address
c/o Craig Mast	c/o Craig Mast
Suite, Apt. #, etc.: 2 Tidewater Dr.	Suite, Apt. #, etc.: 2 Tidewater Dr.
City & State: Ormond Bch. FL	City & State: Ormond Bch FL
Zip: 32174 Country: USA	Zip: 32174 Country: USA

4. FEI Number: 59-2737117 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STOCKMAN, RICHARD 9 TIDEWATER DRIVE ORMOND BEACH FL 32174	Name: Pam Sussman Street Address (P.O. Box Number is Not Acceptable): 20 Tidewater Dr. City: Ormond Bch FL Zip Code: 32174

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.

SIGNATURE: Pam Sussman, Treas. Pam Sussman, Treas. 1/12/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROJAS, MANNY 5 TIDEWATER DRIVE ORMOND BEACH FL 32174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Craig Mast 2 Tidewater Dr. Ormond Bch. FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DELANEY, RICHARD 7 TIDEWATER DR ORMOND BEACH FL 32174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. P. Susan Persis 3 Tidewater Dr. Ormond Bch. FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KELLEY, MARY M 8 TIDEWATER DRIVE ORMOND BEACH FL 32174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Pam Sussman 20 Tidewater Dr. Ormond Bch. FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOLLER, JENNY OATES 22 TIDEWATER DR ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Pam Sussman Pam Sussman 1/12/00 904 672-4698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #