2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State
07-19-2001 90234 015 ****61.25

DOCUMENT # N12761

1. Entity Name

THE TIDEWATER HOMEOWNERS ASSOCIATION, INC.

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 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
22 TIDEWATER	22 Tidewater
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SAME	City & State: SAME
Zip: SAME / Country: SAME	Zip: SAME / Country: SAME

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
SUSSMAN, PAM 20 TIDEWATER DR ORMOND BEACH FL 32174	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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 After September 12, 2001, min. will be $236.25	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 MAST, CRAIG 2 TIDEWATER DR ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD John Hmeough SAME AS ABOVE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PERSIS, SUSAN 3 TIDEWATER DR ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PAM SUSSMAN SAME AS ABOVE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SUSSMAN, PAM 20 TIDEWATER DR ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KEVIN BOWLER - TD SAME AS ABOVE	☐ 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	ADRIAN MILES - SD SAME AS ABOVE	☐ 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 (5/01)

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 SIGNATURE REQUIRED 7/13/01 904 767-0612