2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 AM
Secretary of State

DOCUMENT# N12761

Entity Name: THE TIDEWATER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

22 TIDEWATER
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

22 TIDEWATER
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-2737117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUSSMAN, PAM
20 TIDEWATER DR
ORMOND BEACH, FL 32174 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: PD ( ) Delete
Name: MAST, CRAIG
Address: 2 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VD ( ) Delete
Name: PERSIS, SUSAN
Address: 3 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD ( ) Delete
Name: SUSSMAN, PAM
Address: 20 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD ( ) Delete
Name: BOLLER, JENNY OATES
Address: 22 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MENEOUGH, JOHN
Address: 10 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP (X) Change ( ) Addition
Name: SUSSMAN, PAM
Address: 20 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD (X) Change ( ) Addition
Name: BOWLER, KEVIN
Address: 22 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD (X) Change ( ) Addition
Name: MILES, ADRIAN
Address: 6 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174

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: KEVIN BOWLER TD 04/15/2002

Electronic Signature of Signing Officer or Director — Date