FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N43506

(7)

TIDEWATER ESTATES HOMEOWNERS ASSOCIATION, INC.

Pringgal Place	o of Rusinoes	Mailing Address			-··- -	<u> </u>	INI DIDIL D	(2)) (13)) (13)))))))
Principal Place of Business Mailing Address									
S269 COCOS DR FT MYERS L 33908		6269 COCOS DR FT MYERS FL 33908-4688 US							
is		US	00			3. Date Incorporated or Qualified 3a. Date of Lest Report 04/30/1996			
2. Principal P	ace of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For			opplied For
1		26				65-0281735 Not Applicable			lot Applicable
Suite, Apt. #, etc. 2		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	,	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zφ	Country 25	Zip	Country			8. This corporation has liability for i			s. 199.032,
4	29	30			Florida Statutes Yes No				
	9. Name and Address of Curre	nt Hegistered Agent		81	NI	10. Name and Address of New Re	gistered	Agent	
				01	Name				
	T, JULIA OCOS DR		82		Street Add	ress (P.O. Box Number is Not Acceptab	le)		
_SUITE 1									
FT MYERS FL 33908				84	City		FL	85 Z ip	Code
agent. La SIGNATURE.	n familiar with, and accept the obligation is a specific to the obligation of the specific transfer of transfer o					poration submits this statement for the p tion's board of directors. I hereby accep ared when reinstating)	DATE	Johnnent a:	s registered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	O DIRECTO	RS IN 12
Tifle	DP DELETE		1.1 Tr	TLE				Change	Addition
NAME	WHITE, JOSEPH		1.2 NAME		}				
STHEET ADDRESS	6045 COCOS DR		1.3 \$		ADDRESS				Ì
CITY-ST-ZIF	FT. MYERS FL		1.4 CI	1.4 CITY - ST - ZIP					
TITLE	DVPT DELETE			TLE				Change	Addition
NAME	CORBETT, JULIA		2.2 NA		1				
STREET ADDRESS	6269 COCOS DR., SW				ADDRESS				ļ
City · St - 7iP	FT MYERS FL				ST-ZIP				Address-
THEF	S COTEDIAN DOCALNO	☐ DELETE	3.1 TITLE		Ţ			Change	Addition
NAME	OSTERMAN, ROSALIND			3.2 NAME 3.3 STREET ADDRESS					
STREET ADDRESS	6323 COCOS DR		1		1				ł
DITY-S1-ZIP TITLE	FT MYERS FL DVP	DELETE	3.4 C		ST-ZIP			Change	Addition
NAME	JORDAN, WILLIAM	otter	4.2 N					CT ondrigo	
STREET ADDRESS	6139 COCOS DR		4.3 STRE		ADDRESS				1
CITY-ST-ZiP	FT. MYERS FL		4.4 CITY -		1				j
TITLE	TI. MILIOIL	☐ DELETE	5.1 Ti		11-21			Change	Addition
NAME		<u> </u>	5.2 N		1			4.	_
STREET ADDRESS			1		ADDRESS				
CHY-ST-7IP					ST-ZIP				
TITLE		☐ DELETE	6.1 Ti					Change	Addition
NAME			62 N		1]

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name

SIGNATURE

STREET ADDRESS

CITY - ST - ZIP

DOUGHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97 (941)4894579

FILED

Mar 21 1997 8:00am

Secretary of State

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