

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

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DOCUMENT # N43506

1. Corporation Name

TIDEWATER ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

6269 COCOS DR
FT MYERS L 33908
US

Mailing Address

6269 COCOS DR
FT MYERS FL 33908
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/20/1991

4. FEI Number

65-0281735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CORBETT, JULIA
6269 COCOS DR
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with; and accept the obligations of; Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME WHITE, JOSEPH
STREET ADDRESS 6045 COCOS DR
CITY-ST-ZIP FT. MYERS FL

☒ DELETE

TITLE DVPT
NAME CORBETT, JULIA
STREET ADDRESS 6269 COCOS DR., SW
CITY-ST-ZIP FT MYERS FL

☐ DELETE

TITLE S
NAME OSTERMAN, ROSALIND
STREET ADDRESS 6323 COCOS DR
CITY-ST-ZIP FT MYERS FL

☒ DELETE

TITLE DVP
NAME JORDAN, WILLIAM
STREET ADDRESS 6139 COCOS DR
CITY-ST-ZIP FT. MYERS FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME STEVEN JOHNSON
1.3 STREET ADDRESS 6075 COCOS DR.
1.4 CITY-ST-ZIP FT MYERS FL 33908

☒ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE S
3.2 NAME ROSE TRAYLOR
3.3 STREET ADDRESS 6229 COCOS DR
3.4 CITY-ST-ZIP FT MYERS FL 33908

☐ Change

☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 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 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 12 or Block 13, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED CORBETT

2/15/99 (407) 352-6437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037. (11/98)