**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N43506**

1. Corporation Name

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

04-22-1999 90079 009 \*\*\*\*61.25

TIDEWA"	TER ESTATES HOMEOWNE	RS ASSOCIATION, INC.	,	•				
								<u>-</u> _
Principal Place	e of Business	Mailing Address	,		``			
6269 COCOS		6269 COCOS DR			1			<b>                                    </b>
FT MYERS L 33908 FT MYERS FL 33908 US US								
Ų3		00						
		•						
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			
21		26			05/20/1991			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number Applied Fo 65-0281735 Not Applied			
22		27			05-0261733		\$8.75 Ad	Applicable
City & State	€	City & State			5. Certifcate of Status Desired		Fee Req	
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00 N	
24	25	· _	30		Trust Fund Contribution		Added to	
24	9. Name and Address of Curren	1L			10. Name and Address of New R	egistered A	gent	
			81	Name				
·CORBETT	. JULIA		82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
6269 COC		•				·		
	S FL 33908	•	83		•			
			84	City			85 Zip C	ode
				<u> </u>		FL	hanaina ita r	ragistared
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	s, the above thorized by	e-named cor	rporation submits this statement for the tion's board of directors. I hereby accep	t the appoint	ment as req	istered
l office or r				une corporar				.0.0.00
. office or r "*agent. I'a	m familiar with; and accept the obliga-	tions of Section 617.0503, Flori	da Statutes					
. office or r "agent. I'a SIGNATURE	m tamiliar with; and accept the obliga	uons of Section 617.0505, Fion	ua Statutes					
SIGNATURE	m ramiliar with; and accept the obligation of the state o	nt and title if applicable. (NOTE: F	ua Statutes		ired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE		
""agent. I'a	Signature, typed or printed name of registered ager  OFFICERS AN	uons of Section 617.0505, Fion	Registered Agen	it signature requi	ired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND		
SIGNATURE	Signature, typed or printed name of registered ager  OFFICERS AN	tions of, Section 617,0303, Floring and title if applicable. (NOTE: FID DIRECTORS	Registered Agen	it signature requi	ired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR	
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN DP WHITE, JOSEPH 6045 COCOS DR FT. MYERS FL DVPT CORBETT, JULIA	nt and title if applicable. (NOTE: F	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	it signature requi	ired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR Change	RS IN 12
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered ager OFFICERS AN DP WHITE, JOSEPH 6045 COCOS DR FT. MYERS FL DVPT CORBETT, JULIA 6269 COCOS DR., SW FT MYERS FL S	nt and title if applicable. (NOTE: F	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	T ADDRESS T-ZIP	ADDITIONS/CHANGES TO OFF TEVEN JOHNSON 075 COCOS DR.	DATE FICERS AND	DIRECTOR Change	RS IN 12
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CITY-ST-ZIP

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 chalged, or on an adaptment with an address, with all other like empowered.

SIGNATURE: