2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 22, 2000 8:00 am
Secretary of State
04-23-2000 90059 033 ****61.25

DOCUMENT # N43506

1. Entity Name

TIDEWATER ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6269 COCOS DR FT MYERS L 33908 US	6269 COCOS DR FT MYERS FL 33908-4688 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0281735 ☐ 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
CORBETT, JULIA 6269 COCOS DR FT MYERS FL 33908	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	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	DP JOHNSON, STEVEN 6075 COCOS DR FORT MYERS FL 33908	☑ Delete	DP Joy DELISLE 6057 Cocos Dr OM 11 Ft Myers FL 33908	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPT CORBETT, JULIA 6269 COCOS DR., SW FT MYERS FL 33908	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TRAYLOR, ROSE 6229 COCOS DR FORT MYERS FL 33908	☑ Delete	DS PAM DORCHAK 6285 Cocos DR Ft Myers FL 33908	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP JORDAN, WILLIAM 6139 COCOS DR FT. MYERS FL	☑ Delete	DP Jim MERCER 6437 Cocos DR Ft Myers FL 33908	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Joy DELISLE 6057 COCOS DR FT MYERS	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED 4/15/00 (941) 278-7435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/10/00