2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

DOCUMENT # N43506

1. Entity Name

Principal Place of Business

TIDEWATER ESTATES HOMEOWNERS ASSOCIATION, INC.



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90130 016 ****61.25

FT MYER\$ L 33908 FT			6269 COCOS DR FT MYERS FL 33908 US					1888 11181 3 1181 88818 8811 1		<i>7]*</i> 	(1 610))	
2. Principal Place of Business 3.			3. Mailing Address	Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State	City & State			4. FEI Number 65-0281735				plied For	
Zip Country		ountry	Zip	Cour	Country					\$8.75 Additional Fee Required		
6. Name and Address of Current Re			gistered Agent		7. Name and Address of New Registered Agent							
4		Na <u>m</u> e			_							
CORBETT, JULIA 6269 COCOS DR FT MYERS FL 33908				-	Street Address (P.O. Box Number is Not Acceptable)							
				-	City				FL Zi	p Code)	
	ions of registered a		e purpose of changing its		.		ed agent, or both, in	the State of Florida.		r with,	and accept	
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		Check Pay Departmen			
				, or it is one								
10.		OFFICERS AND DIREC		11.			ADDITIONS/CHANG	SES TO OFFICERS A				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT CORBETT, JULI 6269 COCOS D FT MYERS FL		☐ Delete	TITLE NAME STREET	T ADDRESS	DP (21)	diajan G	erald Dr FL 3390	c ~ ∡	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DORCHARK, PA 6285 COCOS D FORT MYERS F	R	⁵Ş I Delete	TITLE	T ADDRESS	S & S & S	eny, Live 9 Comos I 7 Myers	b Dr	 } }	hange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DP MERCER, JIM 6437 COCOS D FORT MYERS F		∑ Delete	TITLE NAME STREET	T ADDRESS		3	• • • • • • • • • • • • • • • • • • •		hange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS				c	hange	☐ Addition	
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TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET	T ADDRESS				c	hange	☐ Addition	

omation 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 suppliemental 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 ice who 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 perf with an address, with all other like empowered. 12. I hereby certify that the infiniteled on this report of of the corporation or the rece changed, or on an attachage

SIGNATURE:

(239)278-7435