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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730425** (6)

1. Corporation Name

TIDEVUE ESTATES CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4214 11TH STREET COURT EAST
ELLENTON FL 34222
US**

**4214 11TH ST CT E
ELLENTON FL 34222**



3. Date Incorporated or Qualified

08/13/1974

4. FEI Number

59-1656049

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YOERGER, ROY E.
1520-44TH AVE. DR. E.
ELLENTON FL 34222**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	YOERGER, ROY E.
STREET ADDRESS	1520-44TH AVE. DR. E.
CITY-ST-ZIP	ELLENTON FL

1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dittmar, Robert
1.3 STREET ADDRESS	1101 42nd Ave Dr E
1.4 CITY-ST-ZIP	Ellenton, FL 34222

TITLE	V <input type="checkbox"/> DELETE
NAME	KLEVE, ARTHUR
STREET ADDRESS	1111-41ST AVE.E.
CITY-ST-ZIP	ELLENTON FL

2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kleve, Arthur
2.3 STREET ADDRESS	1111 41st Ave E
2.4 CITY-ST-ZIP	Ellenton, FL 34222

TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	MILLER, CARL
STREET ADDRESS	4404-12TH ST. CT. E.
CITY-ST-ZIP	ELLENTON FL

3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sholler, Gerald
3.3 STREET ADDRESS	1109 46th Ave Dr E
3.4 CITY-ST-ZIP	Ellenton, FL 34222

TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	GREENFELDER, SHIRLEY
STREET ADDRESS	1112-43RD AVE.E.
CITY-ST-ZIP	ELLENTON FL

4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	McLaughlin, Glen
4.3 STREET ADDRESS	4508 14th Street E
4.4 CITY-ST-ZIP	Ellenton, FL 34222

TITLE	D <input type="checkbox"/> DELETE
NAME	RHEINGANS, RALPH
STREET ADDRESS	1624-46TH AVE E.
CITY-ST-ZIP	ELLENTON FL

5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Spencer, Gerald
5.3 STREET ADDRESS	4503 15th Street
5.4 CITY-ST-ZIP	Ellenton, FL 34222

TITLE	D <input type="checkbox"/> DELETE
NAME	MISNER, LEO
STREET ADDRESS	1210-45TH AVE.E.
CITY-ST-ZIP	ELLENTON FL

6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Misner, Leo
6.3 STREET ADDRESS	4540 12th Street Ct E
6.4 CITY-ST-ZIP	Ellenton, FL 34222

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 if changed, or on an attachment with an address.

SIGNATURE:

Arthur Kleve

1-20-98 941-722-2557

CR2E037 (10/97)