

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90112 024 ****61.25

DOCUMENT # 764968

1. Entity Name

TIDESFALL CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**395 SO ATLANTIC AVE
 ORMOND BEACH FL 32176**

**395 SO ATLANTIC AVE
 ORMOND BEACH FL 32176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

VOLUSIA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

**REMBaum, CHARLES
 395 SOUTH ATLANTIC AVE
 # 603
 ORMOND BEACH FL 32176**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/02

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	P	<input checked="" type="checkbox"/> Delete
NAME	MILLER, EUGENE	
STREET ADDRESS	395 SO ATLANTIC AVE #608	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LARUE, WILLIAMS	
STREET ADDRESS	395 S ATLANTIC AVE #705	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BALABAN, LYNN	
STREET ADDRESS	395 S ATLANTIC AVE # 304	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	REMBaum, CHARLES	
STREET ADDRESS	393 SOUTH ATLANTIC AVENUE, 603	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STONE, GEORGE	
STREET ADDRESS	395 S ATLANTIC AVENUE # 504	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Clifford Josephson, VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	395 So. Atlantic Ave. # 704	
STREET ADDRESS	ORMOND BEACH, FL	
CITY-ST-ZIP		
TITLE	LARUE WILLIAMS, Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	395 So. Atlantic Ave. # 705	
STREET ADDRESS	ORMOND BEACH, FL	
CITY-ST-ZIP		
TITLE	Lloyd Patterson, Tres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	395 So. Atlantic Ave. # 701	
STREET ADDRESS	ORMOND BEACH, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sect. Betty Cotton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	395 So. Atlantic Ave # 506	
STREET ADDRESS	ORMOND Bch, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Date

Daytime Phone #

CR2E037 (9/01)