

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730425

Entity Name: TIDEVUE ESTATES CIVIC ASSOCIATION, INC.**Current Principal Place of Business:**4214 11TH STREET COURT EAST
ELLENTON, FL 34222**Current Mailing Address:**4214 11TH STREET COURT EAST
ELLENTON, FL 34222 US**FEI Number:** 59-1656049**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEEK, GLENDA PRESIDENT
4115 12TH STREET E
ELLENTON, FL 34222 US*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:** GLENDA MEEK

02/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	MUSSELMAN, MARIANNE
Address	4106 12 STREET E.
City-State-Zip:	ELLENTON FL 34222
Title	TREASURER
Name	LATSHAW, ROYAL DIRECTOR
Address	4516 13TH STREET E
City-State-Zip:	ELLENTON FL 34222
Title	DIRECTOR
Name	ELLIS, HARRY
Address	1005 42ND AVENUE DRIVE E
City-State-Zip:	ELLENTON FL 34222
Title	DIRECTOR
Name	CHAPMAN, ROGER
Address	1107 43RD AVENUE DRIVE E
City-State-Zip:	ELLENTON FL 34222

Title	PRESIDENT
Name	MEEK, GLENDA SECRETARY
Address	4115 12TH STREET COURT E
City-State-Zip:	ELLENTON FL 34222
Title	SECRETARY
Name	KEKICH, LINDA
Address	4109 11TH STREET E
City-State-Zip:	ELLENTON FL 34222
Title	DIRECTOR
Name	BROPHY, JOHN
Address	3908 14TH STREET E
City-State-Zip:	ELLENTON FL 34222
Title	DIRECTOR
Name	HILDENBRAND, STEVEN
Address	4531 12TH STREET COURT E
City-State-Zip:	ELLENTON FL 34222

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLENDA MEEK

PRESIDENT

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	TAYLOR, WILLIAM
Address	4214 15TH STREET E
City-State-Zip:	ELLENTON FL 34222