#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007703

Entity Name: TIDE CREEK LANDING HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 21, 2016
Secretary of State
CC2708563226

### **Current Principal Place of Business:**

2121 KILLARNEY WAY TALLAHASSEE, FL 32309

## **Current Mailing Address:**

POST OFFICE BOX 11143 TALLAHASSEE. FL 32302 US

FEI Number: 59-3755303 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT, INC. 2121 KILLARNEY WAY TALLAHASSEE, FL 32309 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: JOANIE TROTMAN 04/21/2016

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Address

Title P Title	D
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Name LAWSON, ROBERT E Name BROWER, RON

Address POST OFFICE BOX 11143 Address POST OFFICE BOX 11143

City-State-Zip: TALLAHASSEE FL 32302 City-State-Zip: TALLAHASSEE FL 32302

Title T Title VPD

NamePYBUS, WIMPY LNameBUKER, DANIEL JAddressPOST OFFICE BOX 11143Address2119 GLENRIDGE DR.City-State-Zip:TALLAHASSEE FL 32302City-State-Zip:TALLAHASSEE FL 32308

Title D Title MANAGING AGENT

Name GONZALEZ, MARIO Name FLORIDA ASSOCIATION & PROPERTY

MANAGEMENT, INC.
POST OFFICE BOX 11143

City-State-Zip: TALLAHASSEE FL 32302 Address POST OFFICE BOX 11143

City-State-Zip: TALLAHASSEE FL 32302

City-State-Zip: TALLAHASSEE FL 32302

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: JOANIE TROTMAN

Electronic Signature of Signing Officer/Director Detail

CAM

04/21/2016