

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005454

**Entity Name:** TIDEWATER BY DEL WEBB HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Jan 26, 2021**  
**Secretary of State**  
**0296636192CC****Current Principal Place of Business:**10700 TIDEWATER KEY BLVD.  
ESTERO, FL 33928**Current Mailing Address:**10700 TIDEWATER KEY BLVD.  
ESTERO, FL 33928 US**FEI Number: 47-5534141****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROOKS, SCOTT  
24311 WALDEN CENTER DRIVE  
SUITE 300  
BONITA SPRINGS, FL 34134 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:** SCOTT BROOKS**01/26/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                           |
|-----------------|---------------------------|
| Title           | D                         |
| Name            | BROOKS, SCOTT             |
| Address         | 24311 WALDEN CENTER DRIVE |
| City-State-Zip: | BONITA SPRINGS FL 34134   |

|                 |                           |
|-----------------|---------------------------|
| Title           | D                         |
| Name            | HUENIKEN, MICHAEL         |
| Address         | 24311 WALDEN CENTER DRIVE |
| City-State-Zip: | BONITA SPRINGS FL 34134   |

|                 |                           |
|-----------------|---------------------------|
| Title           | D                         |
| Name            | RAY, LAURA                |
| Address         | 24311 WALDEN CENTER DRIVE |
| City-State-Zip: | BONITA SPRINGS FL 34134   |

|                 |                           |
|-----------------|---------------------------|
| Title           | MANAGER                   |
| Name            | HALAS, KATHRYN            |
| Address         | 10700 TIDEWATER KEY BLVD. |
| City-State-Zip: | ESTERO FL 33928           |

|                 |                          |
|-----------------|--------------------------|
| Title           | DIRECTOR                 |
| Name            | NOVAK, STEVEN            |
| Address         | 10700 TIDEWATER KEY BLVD |
| City-State-Zip: | ESTERO FL 33928          |

*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:** KATHRYN L HALAS**MANAGER****01/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date