

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 195892

FILED
Jan 20, 2009
Secretary of State

Entity Name: SPRING TIDE APARTMENTS, INC.

Current Principal Place of Business:

SPRING TIDE APTS INC
345 N FT LAUDERDALE BEACH BLVD
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

SPRING TIDE APTS INC
345 N FT LAUDERDALE BEACH BLVD
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 59-0806870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSBORNE, EDWARD
345 N FORT LAUDERDALE BEACH BLVD
APT 703
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OSBORNE, EDWARD
Address: 345 N. FT. LAUDERDALE BCH BLVD #703
City-St-Zip: FT LAUDERDALE, FL 33304

Title: D () Delete
Name: MYRDEN, J. ALLAN
Address: 345 NORTH FT. LAUDERDALE BCH. BLVD. #306
City-St-Zip: FT LAUDERDALE, FL 33304

Title: S () Delete
Name: OLSON, MARIAN
Address: 345 N. FT. LAUD. BCH. BL. #1005
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VP () Delete
Name: HOLMES, GRACE
Address: 345 N ATLANTIC BLVD #706
City-St-Zip: FT LAUDERDALE, FL 33304

Title: T () Delete
Name: A. GEORGE CANN,
Address: 325 WINDMILL AVE.
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TOLL, OLGA
Address: 345 N. FT. LAUDERDALE BCH. BLVD. #803
City-St-Zip: FT LAUDERDALE, FL 33304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HOLMES, GRACE
Address: 345 N FT. LAUDERDALE BEACH BLVD #706
City-St-Zip: FT LAUDERDALE, FL 33304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD OSBORNE

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date