

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730425 (6)

1. Corporation Name

TIDEVUE ESTATES CIVIC ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:52

Principal Place of Business

Mailing Address

4214 11TH ST CT E
ELLENTON FL 34222

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ELLENTON FL 34222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/13/1974

3a. Date of Last Report
07/25/1994

4. FEI Number
59-1656049

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4214 - 11TH ST CT E

26 SAME

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

ELLENTON, FL

28 City & State

24 Zip
34222

25 Country
MANATEE

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MCMICHAEL CHARLES
4111 12TH ST CT EAST
ELLENTON FL 34222

10. Name and Address of New Registered Agent

81 Name
CHARLES MCMICHAEL
82 Street Address (P.O. Box Number is Not Acceptable)
1528 - 47TH AVE DR E
83 ELLENTON, FL 34222
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

CHARLES MCMICHAEL, PRES

JAN-16, 1995

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCMICHAEL, CHARLES
STREET ADDRESS	1528 - 47TH AVE DR, E.
CITY-ST-ZIP	ELLENTON FL
TITLE	V
NAME	GIBSON, LEONARD
STREET ADDRESS	4111 - 12TH ST CT E
CITY-ST-ZIP	ELLENTON FL
TITLE	SD
NAME	SHIERLING, PATRICIA
STREET ADDRESS	1304 - 41ST AVE E
CITY-ST-ZIP	ELLENTON FL
TITLE	T
NAME	JAMISON, ROBERT
STREET ADDRESS	1210 - 45 AVE DR E
CITY-ST-ZIP	ELLENTON FL
TITLE	D
NAME	COLE, CLIFF
STREET ADDRESS	4111 - 10 ST CT E
CITY-ST-ZIP	ELLENTON FL
TITLE	D
NAME	COVERDALE, E. T
STREET ADDRESS	1217 - 41ST AVE DR E
CITY-ST-ZIP	ELLENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	V
2.3 STREET ADDRESS	E. T. COVERDALE
2.4 CITY-ST-ZIP	1217 - 41ST AVE DR E ELLENTON, FL 34222
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	D.
5.3 STREET ADDRESS	RALPH RHEINGANS
5.4 CITY-ST-ZIP	1524 - 46TH AVE E ELLENTON, FL 34222
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	D
6.3 STREET ADDRESS	ROY YOERGER
6.4 CITY-ST-ZIP	1520 - 44TH AVE DR E ELLENTON, FL 34222

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles MCMichael

CHARLES MCMICHAEL

JAN 16, 1995

813-722-2557