

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 730425 (6)**

1. Corporation Name  
**TIDEVUE ESTATES CIVIC ASSOCIATION, INC.**



Principal Place of Business  
**4214-11TH ST CT E  
ELLENTON FL 34222  
US**

Mailing Address  
**4214 11TH ST CT E  
ELLENTON FL 34222**

3. Date Incorporated or Qualified **08/13/1974** 3a. Date of Last Report **02/08/1995**

2. Principal Place of Business  
**21 4214-11TH ST CT E**

4. FEI Number **59-1656049** Applied For Not Applicable

2a. Mailing Address  
**26 SAME**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. **27**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State **28**

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

Zip **25** Country **29**

9. Name and Address of Current Registered Agent

**MCMICHAEL, CHARLES  
1528-47TH AVE DR E  
ELLENTON FL 34222**

10. Name and Address of New Registered Agent  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>MCMICHAEL, CHARLES</b>
STREET ADDRESS	<b>1528 - 47TH AVE DR, E.</b>
CITY - ST - ZIP	<b>ELLENTON FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>COVERDALE, E T</b>
STREET ADDRESS	<b>1217-41ST AVE DR E</b>
CITY - ST - ZIP	<b>ELLENTON FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>SHIERLING, PATRICIA</b>
STREET ADDRESS	<b>1304 - 41ST AVE E</b>
CITY - ST - ZIP	<b>ELLENTON FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>JAMISON, ROBERT</b>
STREET ADDRESS	<b>1210 - 45 AVE DR E</b>
CITY - ST - ZIP	<b>ELLENTON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>REHEINGANS, RALPH</b>
STREET ADDRESS	<b>1524 - 46TH AVE E</b>
CITY - ST - ZIP	<b>ELLENTON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>YOERGER, ROY</b>
STREET ADDRESS	<b>1520-44TH AVE DR E</b>
CITY - ST - ZIP	<b>ELLENTON FL</b>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VP YOERGER, ROY</b>
2.3 STREET ADDRESS	<b>1520 - 44TH AVE DR E</b>
2.4 CITY - ST - ZIP	<b>ELLENTON, FL 34222</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SD MILLER, CARL</b>
3.3 STREET ADDRESS	<b>4404 - 12TH ST CT E</b>
3.4 CITY - ST - ZIP	<b>ELLENTON, FL 34222</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>T GREENFELDER, SHIRLEY</b>
4.3 STREET ADDRESS	<b>1112 - 43RD AVE</b>
4.4 CITY - ST - ZIP	<b>ELLENTON, FL 34222</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D</b>
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D PARDONNET, LYLE</b>
6.3 STREET ADDRESS	<b>1005 - 46TH AVE DR E</b>
6.4 CITY - ST - ZIP	<b>ELLENTON, FL 34222</b>

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 419.07(3)(k), 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* **2-9-96** **941-722-2557**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Night Phone #

CR2E037 (12/95)