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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730425 (6)

1. Corporation Name
TIDEVUE ESTATES CIVIC ASSOCIATION, INC.



Principal Place of Business 4214 11TH STREET COURT EAST ELLENTON FL 34222 US	Mailing Address 4214 11TH ST CT E ELLENTON FL 34222
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3. Date Incorporated or Qualified 08/13/1974	
4. FEI Number 59-1656049	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**YOERGER, ROY E.
 1520-44TH 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	85 Zip Code FL

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	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME YOERGER, ROY E.	
STREET ADDRESS 1520-44TH AVE. DR. E.	
CITY-ST-ZIP ELLENTON FL	
TITLE V	<input type="checkbox"/> DELETE
NAME KLEVE, ARTHUR	
STREET ADDRESS 1111-41ST AVE.E.	
CITY-ST-ZIP ELLENTON FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME MILLER, CARL	
STREET ADDRESS 4404-12TH ST. CT. E.	
CITY-ST-ZIP ELLENTON FL	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME GREENFELDER, SHIRLEY	
STREET ADDRESS 1112-43RD AVE.E.	
CITY-ST-ZIP ELLENTON FL	
TITLE D	<input type="checkbox"/> DELETE
NAME RHEINGANS, RALPH	
STREET ADDRESS 1524-46TH AVE E.	
CITY-ST-ZIP ELLENTON FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MISNER, LEO	
STREET ADDRESS 1210-45TH AVE.E.	
CITY-ST-ZIP ELLENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Dittmar, Robert	
1.3 STREET ADDRESS 1101 42nd Ave Dr E	
1.4 CITY-ST-ZIP Ellenton, FL 34222	
2.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Kleve, Arthur	
2.3 STREET ADDRESS 1111 41st Ave E	
2.4 CITY-ST-ZIP Ellenton, FL 34222	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Sholler, Gerald	
3.3 STREET ADDRESS 1109 46th Ave Dr E	
3.4 CITY-ST-ZIP Ellenton, FL 34222	
4.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME McLaughlin, Glen	
4.3 STREET ADDRESS 4508 14th Street E	
4.4 CITY-ST-ZIP Ellenton, FL 34222	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Spencer, Gerald	
5.3 STREET ADDRESS 4503 15th Street	
5.4 CITY-ST-ZIP Ellenton, FL 34222	
6.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Misner, Leo	
6.3 STREET ADDRESS 4540 12th Street Ct E	
6.4 CITY-ST-ZIP Ellenton, FL 34222	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Arthur Kleve* 1-20-98 941-722-2557

CR2E037 (10/97)