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08/12/1999

101872-90058-30

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # 730425**

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

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

3. Date Incorporated or Qualified  
**08/13/1974**

4. FEI Number  
**59-1656049**

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

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

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  
**DITTMAR, ROBERT**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1101 42nd Avenue Drive E**

84 City  
**Ellenton** **FL** 85 Zip Code  
**34222**

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 Robert L. Dittmar *Robert L. Dittmar* **January 14, 1999**

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DITTMAR, ROBERT	
STREET ADDRESS	1101 42ND AVE DR E	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KLEVE, ARTHUR	
STREET ADDRESS	1111-41ST AVE. E.	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHOLLER, GERALD	
STREET ADDRESS	1109 46TH AVE DR E	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, GLEN	
STREET ADDRESS	4508 14TH ST E	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RHEINGANS, RALPH	
STREET ADDRESS	1324-46TH AVE. E.	
CITY-ST-ZIP	ELLENTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MISNER, LEO	
STREET ADDRESS	4540 12TH ST CT E	
CITY-ST-ZIP	ELLENTON FL 34222	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input 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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HUBBARD, ROBERT	
2.3 STREET ADDRESS	1208 12th St Ct E	
2.4 CITY-ST-ZIP	Ellenton, FL 34222	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHOLLER, GERALD	
3.3 STREET ADDRESS	1109 46th Avenue Dr E	
3.4 CITY-ST-ZIP	Ellenton, FL 34222	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MCLAUGHLIN, GLEN	
4.3 STREET ADDRESS	4508 14th St. E	
4.4 CITY-ST-ZIP	Ellenton, FL 34222	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WOODWORTH, EOLA	
5.3 STREET ADDRESS	1504 44th Ave Dr E	
5.4 CITY-ST-ZIP	Ellenton, FL 34222	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SPENCER, GERALD	
6.3 STREET ADDRESS	4503 15th Street 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, with all other like empowered.

**SIGNATURE:** Robert L. Dittmar **REQUIRED** **Robert Dittmar** **1/8/99** **941722-2557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR02037 (11/98)