

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-06-2003 90013 033 ****61.25

DOCUMENT # 730425

1. Entity 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**

55003784..



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1656049**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BINGHAM, BILLIE
4212 13TH STREET E
ELLENTON FL 34222**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

Billie Bingham

President

January 3, 2003

SIGNATURE *Billie Bingham*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **COVERDALE, TOM**
STREET ADDRESS **1217 41 AVE. DR E**
CITY - ST - ZIP **ELLENTON FL 34222**

TITLE **T** ☐ Change ☒ Addition
NAME **Smith, Frank**
STREET ADDRESS **4416 14th Street E**
CITY - ST - ZIP **Ellenton, FL 34222**

TITLE **D** ☒ Delete
NAME **HUBBARD, ROBERT**
STREET ADDRESS **1208 12 ST. CT E**
CITY - ST - ZIP **ELLENTON FL 34222**

TITLE **D** ☐ Change ☒ Addition
NAME **BENHAM, DAVID**
STREET ADDRESS **1108 45th Ave E**
CITY - ST - ZIP **Ellenton, FL 34222**

TITLE **P** ☐ Delete
NAME **BINGHAM, BILLIE**
STREET ADDRESS **4212 13 ST. E**
CITY - ST - ZIP **ELLENTON FL 34222**

TITLE **D** ☐ Change ☒ Addition
NAME **HADLEY EARL T**
STREET ADDRESS **1507 45th Ave E**
CITY - ST - ZIP **Ellenton, FL 34222**

TITLE **VP** ☐ Delete
NAME **OWENS, ED**
STREET ADDRESS **1508 43RD AVENUE E**
CITY - ST - ZIP **ELLENTON FL 34222**

TITLE **D** ☐ Change ☒ Addition
NAME **SHOLLER, GERALD**
STREET ADDRESS **1109 46th Ave Dr E**
CITY - ST - ZIP **Ellenton, FL 34222**

TITLE **S** ☐ Delete
NAME **DEFISHER, NANCY**
STREET ADDRESS **1107 43RD AVENUE DR. E**
CITY - ST - ZIP **ELLENTON FL 34222**

TITLE **D** ☐ Change ☒ Addition
NAME **STANTON, VERNE**
STREET ADDRESS **1535 47th Avenue E**
CITY - ST - ZIP **Ellenton, FL 34222**

TITLE **T** ☒ Delete
NAME **METCALF, VIER**
STREET ADDRESS **1104 44TH AVENUE DR. E**
CITY - ST - ZIP **ELLENTON FL 34222**

TITLE **D** ☐ Change ☒ Addition
NAME **THOMPSON, MERLE**
STREET ADDRESS **1215 41st Ave**
CITY - ST - ZIP **Ellenton, FL 34222**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Billie Bingham

SIGNATURE: *Billie Bingham* **REQUIRED** President

January 3, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)