

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744234

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: EBB TIDE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6610 MIDNIGHT PASS RD.  
SARASOTA, FL 34242 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 35099  
CAROL ATILANO, PRES  
SARASOTA,, FL 34242 US

**New Mailing Address:**

6610 MIDNIGHT PASS RD.  
ATTN: JIM TATE, PRESIDENT  
SARASOTA, FL 34242 US

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COOK, MELINDA  
6610 MIDNIGHT PASS RD #8  
SARASOTA, FL 34242 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P                      ( ) Delete  
Name: ATILANO, CAROL  
Address: 6610 MIDNIGHT PASS RD #4  
City-St-Zip: SARASOTA, FL 34242

Title: VPD                      ( ) Delete  
Name: COOK, MELINDA  
Address: 6610 MIDNIGHT PASS RD #8  
City-St-Zip: SARASOTA, FL 34242

Title: TS                      ( ) Delete  
Name: LYNCH, PATRICIA  
Address: 6610 MIDNIGHT PASS RD #11  
City-St-Zip: SARASOTA, FL 34242

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P                      (X) Change ( ) Addition  
Name: TATE, JIM  
Address: 6610 MIDNIGHT PASS RD #1  
City-St-Zip: SARASOTA, FL 34242

Title: VPD                      (X) Change ( ) Addition  
Name: LYNCH, PATRICIA  
Address: 6610 MIDNIGHT PASS RD #11  
City-St-Zip: SARASOTA, FL 34242

Title: TS                      (X) Change ( ) Addition  
Name: COOK, MELINDA  
Address: 6610 MIDNIGHT PASS RD # 8/9  
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELINDA COOK

VP

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date