2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 12, 2002 8:00 am **DOCUMENT # 751652 Secretary of State** 1. Entity Name 03-12-2002 91009 026 ****61.25 TIDES TOWNHOMES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 3824 N.E. 166 ST. 3824 N.E. 166 ST. R0039975 NO MIAMI BCH FL 33160 NO MIAMI BCH FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0856194 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ACEVEDO, CECILIA M 3800 NE 166 STREET NORTH MIAMI BEACH FL 33160 City Zip Code 8. The above named entity submits this statement for r the purpose ing its registered office or registered agent, or both, in the state of Florida SIGNATURE DATE 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TD (9/01) TITLE ☐ Delete TITLE Change Addition ACEVEDO, CECILIA M NAME NAME **CR2E037** STREET ADDRESS 3814 NE 166 STREET STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition DUGGAN, MICHAEL NAME NAME STREET ADDRESS **3814 NE 166 STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 Addition TITLE ... TITLE Change NAME ABECKJERR, RUTH NAME chris Jackson STREET ADDRESS STREET ADDRESS 3772 NE 166 ST. CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL 33160 **VPD** TITLE Change TITLE ☐ Delete Addition SMITH, JEFFREY A NAME NAME STREET ADDRESS STREET ADDRESS 3803 NE 166ST. CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL 33160 TITLE ☐ Delete [] Change ■ Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing doe motion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of shall have the same legal effect as if made under oath; that I am an officer or director ed by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if qualify for the indicated on this report or supplemental report is true and acci of the corporation or the receiver quitrustee empowered in exec changed, or on an attachment with an address, with all differ life ate and that my

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