2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# 751652

Entity Name: TIDES TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3824 N.E. 166 ST.
NO MIAMI BCH, FL 33160

New Principal Place of Business:

Current Mailing Address:

3824 N.E. 166 ST.
NO MIAMI BCH, FL 33160

New Mailing Address:

FEI Number: 59-0856194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEPPO, TRACY PROP MG
9369 SHERIDAN STREET
COOPER CITY, FL 33024 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: REDA, FRANK
Address: 3726 NE 166TH ST
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VP ( ) Delete
Name: KENNETH, WINCHESTER
Address: 3736 NE 166 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: S ( ) Delete
Name: HORNER, SHANA
Address: 3766 NE 166 ST
City-St-Zip: N MIAMI BEACH, FL 33160

Title: BM ( ) Delete
Name: BRUNETTO, RUSS
Address: 3822 NE 166 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: TD (X) Delete
Name: WILLIAMS, RUTH A
Address: 3772 NE 166ST
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LLANES, DELVIS
Address: 3766 NE 166TH ST
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: WILLIAMS, RUTH
Address: 3722 NE 166 STREET
City-St-Zip: MIAMI, FL 33160

Title: D (X) Change ( ) Addition
Name: BRUNETTO, RUSS
Address: 3822 NE 166 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DELVIS LLANES P 01/19/2009

Electronic Signature of Signing Officer or Director — Date