

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90170 038 ****61.25

DOCUMENT # 751652

1. Entity Name
TIDES TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0856194**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ACEVEDO, CECILIA M
3800 NE 166 STREET
NORTH MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-13-03

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

TITLE **TD** ☐ Delete
NAME **ACEVEDO, CECILIA M**
STREET ADDRESS **3814 NE 166 STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE **PD** ☒ Delete
NAME **DUGGAN, MICHAEL**
STREET ADDRESS **3814 NE 166 STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE **SD** ☐ Delete
NAME **JACKSON, CHRIS**
STREET ADDRESS **3762 NE 166 ST**
CITY-ST-ZIP **N MIAMI BEACH FL 33160**

TITLE **VPD** ☒ Delete
NAME **SMITH, JEFFREY A**
STREET ADDRESS **3803 NE 166ST.**
CITY-ST-ZIP **N. MIAMI BEACH FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Cecilia Acevedo**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **Paulina Duggan**
STREET ADDRESS **3814 NE 166 ST, NMB, FL 33160**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
NAME **Jesse Salmeron**
STREET ADDRESS **3156 NE 166 ST, NMB, FL 33160**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 62 of 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

944-1714 2-13-03

CR25037 11/01/02