

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764968

FILED
Jan 15, 2009
Secretary of State

Entity Name: TIDESFALL CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

395 SO ATLANTIC AVE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

395 SO ATLANTIC AVE
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAVENS, PHILIP
395 SOUTH ATLANTIC AVE
404
ORMOND BEACH, FL 32176 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: D () Delete
Name: ROSENBAUM, MELVIN
Address: 395 S. ATLANTIC AVE #401
City-St-Zip: ORMOND BEACH, FL 32176

Title: T () Delete
Name: SIMPSON, SHAW
Address: 395 S. ATLANTIC AVE. #207
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP () Delete
Name: PATTERSON, LLOYD
Address: 395 SO. ATLANTIC AVE #701
City-St-Zip: ORMOND BEACH, FL 32176

Title: S () Delete
Name: MCNULTY, SUSAN
Address: 395 S. ATLANTIC AVE. #102
City-St-Zip: ORMOND BEACH, FL 32176

Title: P () Delete
Name: HAVENS, PHILIP
Address: 395 SOUTH ATLANTIC AVE #404
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: PHILIP HAVENS

P

01/15/2009

Electronic Signature of Signing Officer or Director

Date