2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2011
Secretary of State

DOCUMENT# 764968

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: 59-2221502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LENKE, ALBERT
395 SOUTH ATLANTIC AVE
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: VP
Name: ROSENBAUM, MELVIN
Address: 395 S. ATLANTIC AVE #401
City-St-Zip: ORMOND BEACH, FL 32176

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

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

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

Title: D
Name: REMBAUM, CHARLES
Address: 395 SOUTH ATLANTIC AVE #603
City-St-Zip: ORMOND BEACH, FL 32176

I hereby 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 all other like empowered.

SIGNATURE: SHAW SIMPSON P@T 02/02/2011

Electronic Signature of Signing Officer or Director — Date