2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 769620

1. Entity Name
EBB TIDE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3204 QUIETWATER LANE	3204 QUIETWATER LANE
GULF BREEZE, FL 32563	GULF BREEZE, FL 32563

01092007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCES, SLATER
3204 QUIET WATER LN.
GULF BREEZE, FL 32563

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 _Frances Slater_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 2/2/07

Filing Fee Is $61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLENE, BILBO
STREET ADDRESS	3230 QUIETWATER LANE
CITY-ST-ZIP	GULF BREEZE, FL 32563

TITLE	VD
NAME	BREES, RAY
STREET ADDRESS	3216 QUIETWATER LANE
CITY-ST-ZIP	GULF BREEZE, FL 32563

TITLE	S
NAME	BURTON, ROSEMARIE
STREET ADDRESS	3236 QUIETWATER LANE
CITY-ST-ZIP	GULF BREEZE, FL 32563

TITLE	TD
NAME	SLATER, FRANCES
STREET ADDRESS	3204 QUIETWATER LANE
CITY-ST-ZIP	GULF BREEZE, FL 32563

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/12/07-80030-012 61.25

DO NOT WRITE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Frances Slater_   2/2/07   850-932-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #