

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00491

FILED  
Mar 23, 2010  
Secretary of State

**Entity Name:** EBB TIDE CONDOMINIUM ASSOCIATION OF NEW SMYRNA BEACH, INC.

**Current Principal Place of Business:**

4493 S. ATLANTIC AVENUE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

4493 S. ATLANTIC AVENUE  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** 59-2734318

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FERREL, RICHARD F  
4493 S ATLANTIC AVE.  
#801  
NEW SMYRNA BEACH, FL 32169 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: PD  
Name: FERREL, RICHARD  
Address: 4493 S. ATLANTIC AVENUE #801  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD  
Name: TAUBE, RHONDA  
Address: 307 SWEETWATER CLUB CIRCLE  
City-St-Zip: LONGWOOD, FL 32770

Title: SD  
Name: JONES, JERE  
Address: 4493 S. ATLANTIC AVE, #604  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD  
Name: PRIEHS, DANIEL  
Address: 1761 VIA VENITA  
City-St-Zip: WINTER PARK, FL 32879

Title: D  
Name: COLLIER, CAROLINE  
Address: 4421 CLEAR AVENUE  
City-St-Zip: TAMPA, FL 33629

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: RICHARD FERREL

PD

03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date