

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008759

FILED
Feb 14, 2011
Secretary of State

Entity Name: THE TIDES AT BRIAR BAY ASSOCIATION, INC.

Current Principal Place of Business:

3400 CELEBRATION BLVD
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

C/O KINGS MANAGEMENT SERVICES, INC.
P.O. BOX 32248
PALM BEACH GARDENS, FL 33420

New Mailing Address:

C/O KINGS MANAGEMENT SERVICES, INC.
1224 US HIGHWAY ONE, SUITE H
NORTH PALM BEACH, FL 33408

FEI Number: 84-1624416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIANCE CAS, LLC
1000 E HALLANDALE BEACH BLVD
SUITE B-20
HALLANDALE BEACH, FL 33009 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: PT
Name: MAHER, JAMES
Address: P.O. BOX 32248
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: VP
Name: WILSON, MAXINE
Address: PO. BOX 32248
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: S
Name: CENTEIO, NYDIA
Address: P.O. BOX 32248
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: D
Name: HUMBLE, SHANE
Address: P.O. BOX 32248
City-St-Zip: PALM BEACH GARDENS, FL 33420

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: BRUCE KING

MGMT

02/14/2011

Electronic Signature of Signing Officer or Director

Date