

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV -4 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # N04000004604 | |
| 1. Entity Name TIDEWATER RESIDENTS ASSOCIATION, INC. | |



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| Principal Place of Business 1804 FLAMINGO PLACE DEERFIELD BEACH, FL 33442 | Mailing Address 1804 FLAMINGO PLACE DEERFIELD BEACH, FL 33442 |
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| 2. Principal Place of Business - No P.O. Box # 1801 KINGFISHER DRIVE | 3. Mailing Address 1801 KINGFISHER DRIVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State Deerfield Beach | City & State Deerfield Beach |
| Zip 33442 | Country Broward |

10282008 REIN-NP CR2E099 (1/07)

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| 4. FEI Number 87-0743354 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FASCIANI, CHARLOTTE 1804 FLAMINGO PLACE DEERFIELD BEACH, FL 33442 | |
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| 7. Name and Address of New Registered Agent Name Jean Kennedy Street Address (P.O. Box Number is Not Acceptable) 1801 KINGFISHER DRIVE City Deerfield Beach FL 33442 | |
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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.

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| SIGNATURE Jean Kennedy Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE 11/04/08 200137601192 11/04/08--010097018/08**61.25 |
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| FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DUBE, MARY 1804 MARINER PLACE DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President BARBARA Kennedy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 Kingfisher Dr. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ANN, DECARLO 1814 MARINER PLACE DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MARY FAUREAU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1811 Flamingo Pl. Vice President Deerfield Beach, FL 33442 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD YEPSEN, PHYLLIS 1805 VALENCIA DRIVE DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | YVON GIRARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 MARINER PLACE Director DEERFIELD BEACH, FL 33442 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FASCIANI, CHARLOTTE 1804 FLAMINGO PLACE DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JOAN D'EMIC - Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1810 KINGFISHER DRIVE Deerfield Beach FL 33442 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JEAN, KENNEDY 1801 KINGFISHER DR. DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Jean Kennedy - Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 Kingfisher Dr. Deerfield Beach, FL 33442 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CECE, MCLAUGHIN 1813 MARINER WAY DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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| SIGNATURE: Barbara Kennedy SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date 10/28/08 | Daytime Phone # 954-419-9802 |
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