2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006719

Apr 07, 2005 Secretary of State

Entity Name: THE TIDES AT BRIDGESIDE SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

401 E LAS OLAS BLVD SUITE 1500 3020 N.E. 32ND AVENUE FT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33308

Current Mailing Address: New Mailing Address:

400 N. ANDREWS AVENUE SUITE 300 401 E LAS OLAS BLVD SUITE 1500 FT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33301

FEI Number: 20-1616612 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BLUTH, TOM BLUTH, TOM 400 N. ANDREWS AVENUE SUITE 300 401 E LAS OLAS BLVD SUITE 1500 FT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33301

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: 04/07/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

DIGASBARRO, ROLAND DIGASBARRO, ROLAND Name: Name: 401 E LAS OLAS BLVD SUITE 1500 Address: 400 N. ANDREWS AVENUE SUITE 300 Address:

City-St-Zip: FT LAUDERDALE, FL 33301 City-St-Zip: FT LAUDERDALE, FL 33301

Title: () Delete Title:

(X) Change () Addition COSTELLO, WILLIAM B Name: CITRON, HOWARD Name:

Address: 841 PRESTON ROAD SUITE 650 LB 31 Address: 3020 N.E. 32ND AVENUE 4TH FLOOR City-St-Zip: DALLAS, TX 75225 City-St-Zip: FORT LAUDERDALE, FL 33308

Title: STD () Delete Title: STD (X) Change () Addition

BLUTH, TOM Name: BLUTH, THOMAS Name:

401 E LAS OLAS BLVD SUITE 1500 400 N. ANDREWS AVENUE SUITE 300 Address: Address:

City-St-Zip: FT LAUDERDALE, FL 33301 City-St-Zip: FT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS BLUTH D 04/07/2005