

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04313

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** TIDES INN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

421 LINCOLN AVE  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

421 LINCOLN AVE  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

**FEI Number:** 49-2226944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHOEMAKER, JOHN B  
505 N ORLANDO AVE  
COCOA BEACH, FL 32931 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: VICIDOMINI, ALFONSO  
Address: 421 LINCOLN AVENUE  
City-St-Zip: CAPE CANAVERAL, FL

Title: VD  
Name: VICIDOMINI, EILEEN  
Address: 421 LINCOLN AVE  
City-St-Zip: CAPE CANAVERAL, FL

Title: SD  
Name: VICIDOMINI, AL JR  
Address: 1370 S. ATLANTIC AVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: SD  
Name: VICIDOMINI/GALINIS, JAIMEBETH  
Address: 124 HIGHLAND AVE  
City-St-Zip: DELRAY BEACH, FL 33444

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: EILEEN VICIDOMINI

VD

04/21/2011

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

\_\_\_\_\_  
Date