NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1/

FILED
Jun 19, 2002 8:00 am
Secretary of State
05-01-2002 91520 037 ****61.25

DOCUMENT # N04377

1. Entity Name
Blue Tide Condominium Owners' Association, Inc.

94034

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8251 E. County Hwy 30-A	P.O. Box 4938
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City Beach FL	City & State: Santa Rosa Beach, FL.
Zip: 32413 Country: U.S.A.	Zip: 32459-4938 Country: U.S.A.

4. FEI Number 62-1266608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Emerald Waters Realty, Inc.

Street Address (P.O. Box Number is Not Acceptable): 8281 E. County Hwy 30-A.

City: Panama City Beach FL Zip Code: 32413

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	Daborah E. Irby D	NAME	
STREET ADDRESS	549 Seacrest Dr.	STREET ADDRESS	
CITY-ST-ZIP	Panama City Beach FL 32413	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Samuel S. Childers D	NAME	
STREET ADDRESS	2009 E. Forest Dr.	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee FL. 32303	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	Margie J. Shine D	NAME	
STREET ADDRESS	2751 Tupelo St.	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Atlanta, GA. 30317.	CITY-ST-ZIP	**IN THIS SPACE**
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah Irby