

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90016 017 \*\*\*\*61.25

**DOCUMENT # N05000003722**

1. Entity Name  
**TIDEWATER PROPERTY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**14785 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32256**

Mailing Address  
**11555 CENTRAL PARKWAY  
SUITE 603  
JACKSONVILLE, FL 32224**

2. Principal Place of Business - No P.O. Box #

**11555 Central Parkway**

Suite, Apt. #, etc.

**Suite 603**

City & State

**Jacksonville, FL**

Zip

**32224**

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

401000



02122008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-2812947**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAGAN, ANDY  
2370 BELLVILLE ROAD  
DAYTONA BEACH, FL 32246**

7. Name and Address of New Registered Agent

Name  
**William Howard Nicandri, Deest & Gilman PA.**

Street Address (P.O. Box Number is Not Acceptable)

**14 East Bay Street**

City

**Jacksonville**

FL

Zip Code

**32202**

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.

SIGNATURE

*G. Alan Howard*

**G. Alan Howard, President 4.21.08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MILLER, DAVID  
14785 ST. AUGUSTINE RD  
JACKSONVILLE, FL 32256** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
WILFORD, DON  
14785 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32256** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
HOAS, DAVID  
14785 ST. AUGUSTINE RD  
JACKSONVILLE, FL 32256** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Frank Spirato  
14785 St. Augustine Rd.  
Jacksonville, FL 32256** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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.

SIGNATURE:

*G. Alan Howard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-08**

Date

Daytime Phone #