

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003722

FILED  
Mar 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6620 SOUTHPOINT DRIVE SOUTH  
SUITE 610  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6620 SOUTHPOINT DRIVE SOUTH  
SUITE 610  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 20-2812947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NICANDRI, MILAM, HOWARD  
14 EAST BAY STREET  
JACKSONVILLE, FL 32202 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: P ( ) Delete  
Name: WILIFORD, DON  
Address: 14785 ST. AUGUSTINE RD #3  
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP ( ) Delete  
Name: TIMM, DUSTIN  
Address: 14785 ST. AUGUSTINE RD #3  
City-St-Zip: JACKSONVILLE, FL 32258

Title: ST ( ) Delete  
Name: HAAS, DAVID  
Address: 14785 ST. AUGUSTINE RD #3  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DUSTIN TIMM

VP

03/23/2009

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

\_\_\_\_\_  
Date