

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008865

FILED
Feb 11, 2009
Secretary of State

Entity Name: TIDEWATER ESTATES CO-OP, INC.

Current Principal Place of Business:

1814 DOLPHIN PLACE
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1814 DOLPHIN PLACE
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 20-3383678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANCHETTE, RAYMOND
706 TIDEWATER WAY
DEERFIELD BEACH, FL 33442 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: PRES () Delete
Name: BLANCHETTE, RAYMOND
Address: 706 TIDEWATER WAY
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: VICE () Delete
Name: BEVACQA, RON
Address: 1102 TIDEWATER WAY
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: TRES () Delete
Name: MCCARTHY, PATRICK F
Address: 902 TIDEWATER WAY
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: SECY () Delete
Name: MCCARTHY, VIRGINIA
Address: 902 TIDEWATER WAY
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: DIR () Delete
Name: ROSETTO, HANK
Address: 1800 FLAMINGO PLACE
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: DIR () Delete
Name: FAHEY, CONSTANCE
Address: 1806 MARINER
City-St-Zip: DEERFIELD BEACH, FL 33442 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: PATRICK MCCARTHY

TRES

02/11/2009

Electronic Signature of Signing Officer or Director

Date