


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90064 004 ****61.25

DOCUMENT # N05000010988					
1. Entity Name THE TIDES CONDOMINIUM AT SWEETWATER BY DEL WEBB ASSOCIATION, INC.					
Principal Place of Business 5210 BELFORT RD STE 400 JACKSONVILLE, FL 32256			Mailing Address 6320 ST AUGUSTINE RD JACKSONVILLE, FL 32217		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11555 CENTRAL PARKWAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 603			
City & State		City & State JACKSONVILLE, FL		4. FEI Number 86-1154585	
Zip		Country		Zip 32224	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STERLING FIN. & MGMT, INC. 6320 ST AUGUSTINE RD STE 6B JACKSONVILLE, FL 32217			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11555 CENTRAL PARKWAY STE 603 City JACKSONVILLE FL Zip Code 32224		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME GENOVESE, BILL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5210 BELFORT RD - STE 400	JACKSONVILLE, FL 32256		STREET ADDRESS		
CITY-ST-ZIP JACKSONVILLE, FL 32256			CITY-ST-ZIP		
TITLE VPD	NAME BUDD, SHAWN	<input checked="" type="checkbox"/> Delete	TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 5210 BELFORT RD - STE 400	JACKSONVILLE, FL 32256		STREET ADDRESS 11927 SURFBIRD CIRCLE	JACKSONVILLE, FL 32256	
CITY-ST-ZIP JACKSONVILLE, FL 32256			CITY-ST-ZIP JACKSONVILLE, FL 32256		
TITLE STD	NAME COVELL, RICK	<input checked="" type="checkbox"/> Delete	TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 5210 BELFORT RD - STE 400	JACKSONVILLE, FL 32256		STREET ADDRESS 5210 BELFORT RD - STE 400	JACKSONVILLE, FL 32256	
CITY-ST-ZIP JACKSONVILLE, FL 32256			CITY-ST-ZIP JACKSONVILLE, FL 32256		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <i>Bill Genovese</i>			4-2-07 904-425-6447		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		