


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90028 014 ****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 11555 CENTRAL PARKWAY SUITE 603 JACKSONVILLE, FL 32224		
2. Principal Place of Business - No P.O. Box # 9039 DEL WEBB PKWY		3. Mailing Address 9039 DEL WEBB PKWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 86-1154585	
Zip 32256		Country USA		Applied For Not Applicable	
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. 11555 CENTRAL PARKWAY SUITE 603 JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL			FL		
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 \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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		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.			
TITLE PD		TITLE STD		NAME GENOVESE, BILL	
NAME GENOVESE, BILL		NAME BUDD, SHAWN		STREET ADDRESS 5210 BELFORT RD - STE 400	
STREET ADDRESS 5210 BELFORT RD - STE 400		STREET ADDRESS 5210 BELFORT RD SUITE 400		CITY-ST-ZIP JACKSONVILLE, FL 32256	
CITY-ST-ZIP JACKSONVILLE, FL 32256		CITY-ST-ZIP JACKSONVILLE, FL 32256			
TITLE VPD		TITLE GILMAN, JOHN			
NAME GILMAN, JOHN		NAME DONAHUE, PAT			
STREET ADDRESS 11927 SURFBIRD CIRCLE		STREET ADDRESS 5210 BELFORT ROAD SUITE 400			
CITY-ST-ZIP JACKSONVILLE, FL 32256		CITY-ST-ZIP JACKSONVILLE, FL 32256			
TITLE STD		TITLE DONAHUE, PAT			
NAME DONAHUE, PAT		NAME (Empty)			
STREET ADDRESS 5210 BELFORT ROAD SUITE 400		STREET ADDRESS (Empty)			
CITY-ST-ZIP JACKSONVILLE, FL 32256		CITY-ST-ZIP (Empty)			
TITLE (Empty)		TITLE (Empty)			
NAME (Empty)		NAME (Empty)			
STREET ADDRESS (Empty)		STREET ADDRESS (Empty)			
CITY-ST-ZIP (Empty)		CITY-ST-ZIP (Empty)			
TITLE (Empty)		TITLE (Empty)			
NAME (Empty)		NAME (Empty)			
STREET ADDRESS (Empty)		STREET ADDRESS (Empty)			
CITY-ST-ZIP (Empty)		CITY-ST-ZIP (Empty)			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #