

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90037 018 ****61.25

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1. Entity Name
TIDELANDS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1064 GREENWOOD BLVD SUITE 200
LAKE MARY, FL 32746**

Mailing Address
**5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080**

40021103



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

12740 Gran Bay Pkwy W.

3. Mailing Address

Suite, Apt. #, etc.

01092008 Chg-NP CR2E037 (12/06)

City & State

Jacksonville, FL

City & State

Zip

Country

4. FEI Number
20-3243458

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MAY MANAGEMENT SERVICES
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 PD ☒ Delete
NAME LOUQUE, LANE
STREET ADDRESS 1064 GREENWOOD BLVD SUITE 200
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE V ☒ Delete
NAME BOYCE, JAMES
STREET ADDRESS 1064 GREENWOOD BLVD SUITE 200
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ST ☒ Delete
NAME NATALE, GARRY
STREET ADDRESS 1064 GREENWOOD BLVD, STE 200
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President/Director ☒ Change ☐ Addition
NAME Gary Thomas
STREET ADDRESS 12740 Gran Bay Pkwy W. Ste 2400
CITY-ST-ZIP Jacksonville, FL 32258

TITLE Vice President/Director ☒ Change ☐ Addition
NAME David Hartley
STREET ADDRESS 12740 Gran Bay Pkwy W. Ste 2400
CITY-ST-ZIP Jacksonville, FL 32258

TITLE Secretary/Treasurer/Director ☒ Change ☐ Addition
NAME Lisa Boyo
STREET ADDRESS 12740 Gran Bay Pkwy W. Ste 2400
CITY-ST-ZIP Jacksonville, FL 32258

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Gary P. Thomas PRESIDENT

1/17/08

386-446-8441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #