

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011028

FILED
Mar 06, 2009
Secretary of State

Entity Name: TIDELANDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12740 GRAN BAY PKWY W
JACKSONVILLE, FL 32258

New Principal Place of Business:

C/O MAY MANAGEMENT SERVICES, INC
SUITE 3
ST. AUGUSTINE, FL 32080

Current Mailing Address:

5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Mailing Address:

C/O MAY MANAGEMENT SERVICES, INC
SUITE 3
ST. AUGUSTINE, FL 32080

FEI Number: 20-3743458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

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: ANNA MARKS

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMAS, GARY
Address: 12740 GRAN PKWY W STE 2400
City-St-Zip: JACKSONVILLE, FL 32258

Title: VPD () Delete
Name: HORTLEY, DAVID
Address: 12740 GRAN PKWY W STE 2400
City-St-Zip: JACKSONVILLE, FL 32258

Title: STD () Delete
Name: BOYD, LISA
Address: 12740 GRAN PKWY W STE 2400
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WICKER, SARAH
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VPD (X) Change () Addition
Name: POLSENO, GINA
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: STD (X) Change () Addition
Name: BOYD, LISA
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

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: SARAH WICKER

P

03/06/2009

Electronic Signature of Signing Officer or Director

Date