

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011028

FILED  
Mar 15, 2010  
Secretary of State

**Entity Name:** TIDELANDS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

C/O MAY MANAGEMENT SERVICES, INC  
5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

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

**New Mailing Address:**

C/O MAY MANAGEMENT SERVICES, INC  
5455 A1A SOUTH  
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, INC  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 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: P  
Name: NAUS, BARRY  
Address: 5455 A1A S  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: TS  
Name: GRISSON, GERALD  
Address: 5455 A1A S  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP  
Name: TOMEI, MARIANNE  
Address: 5455 A1A S  
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: GERALD D GRISSON

TS

03/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date