

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-25-2007 90173 028 *****61.25
N06000011677


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000011677					
1. Entity Name TIDEWATER BEACH RESORT COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 6910 EAST COUNTY ROAD 30A PROMINENCE, FL 32413			Mailing Address 6910 EAST COUNTY ROAD 30A PROMINENCE, FL 32413		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALTERS, ELIZABETH J 415 BECKRICH ROAD STE 500 PANAMA CITY BEACH, FL 32404			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	DO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRY, THOMAS B JR		NAME		
STREET ADDRESS	6910 EAST COUNTY ROAD 30A		STREET ADDRESS		
CITY-ST-ZIP	PROMINENCE, FL 32413		CITY-ST-ZIP		
TITLE	DO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOOPER, CRYSPIAN M JR		NAME		
STREET ADDRESS	6910 EAST COUNTY ROAD 30A		STREET ADDRESS		
CITY-ST-ZIP	PROMINENCE, FL 32413		CITY-ST-ZIP		
TITLE	DO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLIEN, JACKIE C		NAME		
STREET ADDRESS	6910 EAST COUNTY ROAD 30A		STREET ADDRESS		
CITY-ST-ZIP	PROMINENCE, FL 32413		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		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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>Thomas B Henry</i>			4-12-07 850-231-7942		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		