

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2009
Secretary of State**

DOCUMENT# N07000006385

Entity Name: THE LAGOON AT TIDEWATER PRESERVE MASTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

24301 WALDEN CENTER DRIVE, SUITE 300
BOINITA SPRINGS, FL 34134

New Principal Place of Business:

11784 WEST SAMPLE ROAD
#103
CORAL SPRINGS, FL 33065

Current Mailing Address:

C/O CHERRY EDGER & SMITH, PA
8409 N. MILITARY TRL., STE. 123
PALM BEACH GARDENS, FL 33410

New Mailing Address:

11784 WEST SAMPLE ROAD
#103
CORAL SPRINGS, FL 33065

FEI Number: 41-2254305 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE, SUITE 300
BOINITA SPRINGS, FL 34134 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: PD () Delete
Name: EGLY, DOUG
Address: 4700 TIDEWATER PRESERVE BLVD
City-St-Zip: BRADENTON, FL 34208

Title: VPD () Delete
Name: AMAN, ROGER
Address: 24301 WALDEN CENTER DRIVE, SUITE 300
City-St-Zip: BOINITA SPRINGS, FL 34134

Title: STD () Delete
Name: CHESANEK, STEVE
Address: 4700 TIDEWATER PRESERVE BLVD
City-St-Zip: BRADENTON, FL 34208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STEVENS, BOB
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BOINITA SPRINGS, FL 34134

Title: VPD (X) Change () Addition
Name: NELSON, DAVE
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BOINITA SPRINGS, FL 34134

Title: TDSD (X) Change () Addition
Name: ANTONIADIS, DONNA
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BOINITA SPRINGS, FL 34134

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: MARY LOU PLAMER

AGT

04/21/2009

Electronic Signature of Signing Officer or Director

Date