

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90029 011 \*\*\*\*61.25

<b>DOCUMENT # N07000006584</b> 1. Entity Name <b>TIDEWATER TOWN CENTER CONDOMINIUM ASSOCIATION, INC.</b>																																																																																															
Principal Place of Business <b>5210 BELFORT RD SUITE 400 JACKSONVILLE, FL 32256</b>			Mailing Address <b>5210 BELFORT RD SUITE 400 JACKSONVILLE, FL 32256</b>																																																																																												
2. Principal Place of Business - No P.O. Box # <b>11555 CENTRAL PARKWAY</b> Suite, Apt. #, etc. <b>SURE 603</b>		3. Mailing Address <b>11555 CENTRAL PKWY</b> Suite, Apt. #, etc. <b>STE 603</b>																																																																																													
City & State <b>JACKSONVILLE, FL</b> Zip <b>32224</b>		City & State <b>JACKSONVILLE FL</b> Zip <b>32224</b>		4. FEI Number <b>20-8515479</b>																																																																																											
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																																																																											
6. Name and Address of Current Registered Agent  <b>STERLING FIN. &amp; MGMT., INC. 11555 CENTRAL PARKWAY SUITE 603 JACKSONVILLE, FL 32224</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																												
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) DATE</small>																																																																																															
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD GENOVESE, WILLIAM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5210 BELFORT RD SUITE 400</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">JACKSONVILLE, FL 32256</td> </tr> <tr> <td>TITLE</td> <td>VD SKINNER, CHET</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5210 BELFORT RD SUITE 400</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">JACKSONVILLE, FL 32256</td> </tr> <tr> <td>TITLE</td> <td>STD BUDD, SHAWN</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5210 BELFORT RD SUITE 400</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">JACKSONVILLE, FL 32256</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">VD FITZPATRICK, DAN</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5210 BELFORT RD STE 400</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">JACKSONVILLE FL 32256</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	PD GENOVESE, WILLIAM	<input type="checkbox"/> Delete	STREET ADDRESS	5210 BELFORT RD SUITE 400		CITY-ST-ZIP	JACKSONVILLE, FL 32256		TITLE	VD SKINNER, CHET	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	5210 BELFORT RD SUITE 400		CITY-ST-ZIP	JACKSONVILLE, FL 32256		TITLE	STD BUDD, SHAWN	<input type="checkbox"/> Delete	STREET ADDRESS	5210 BELFORT RD SUITE 400		CITY-ST-ZIP	JACKSONVILLE, FL 32256		TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	VD FITZPATRICK, DAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	5210 BELFORT RD STE 400		CITY-ST-ZIP	JACKSONVILLE FL 32256		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																															
<b>SIGNATURE:</b> <u>William Genovese</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>2-12-08 904-425-6447</b> <small>Date Daytime Phone #</small>																																																																																											