2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N07000006584

Entity Name: TIDEWATER TOWN CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11555 CENTRAL PARKWAY
SUITE 603
JACKSONVILLE, FL 32224

New Principal Place of Business:

6620 SOUTHPOINT DR S
SUITE 610
JACKSONVILLE, FL 32216

Current Mailing Address:

11555 CENTRAL PARKWAY
SUITE 603
JACKSONVILLE, FL 32224

New Mailing Address:

6620 SOUTHPOINT DR S
SUITE 610
JACKSONVILLE, FL 32216

FEI Number: 20-8515479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STERLING FIN. & MGMT., INC.
11555 CENTRAL PARKWAY SUITE 603
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

STERLING FIN. & MGMT., INC.
6620 SOUTHPOINT DR S
SUITE 610
JACKSONVILLE, FL 32216 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: DAVID LITTLE 03/17/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GENOVESE, WILLIAM
Address: 5210 BELFORT RD SUITE 400
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD ( ) Delete
Name: FITZPATRICK, DAN
Address: 5210 BELPORT RD SUITE 400
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD ( ) Delete
Name: BUDD, SHAWN
Address: 5210 BELFORT RD SUITE 400
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: KEILING, SCOTT
Address: 5210 BELPORT RD SUITE 400
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD (X) Change ( ) Addition
Name: ROUILLARD, CLAIRE
Address: 115 TIDECREST PKWY #3407
City-St-Zip: PONTE VEDRA, FL 32081

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: WILLIAM GENOVESE PRES 03/17/2009
Electronic Signature of Signing Officer or Director — Date