

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90039 036 \*\*\*\*61.25

<b>DOCUMENT # N10277</b> 1. Entity Name <b>TIDEWATER CONDOMINIUM HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>30 INLET HARBOR ROAD PONCE INLET, FL 32127</b>			Mailing Address <b>30 INLET HARBOR ROAD PONCE INLET, FL 32127</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip 		3. Mailing Address <b>90 Southeast Meat Sups INC</b> Suite, Apt. #, etc. <b>3511 S. PENINSULA DR</b> City & State <b>PORT ORANGE FL</b> Zip <b>32127</b>			
Country 		Country 		4. FEI Number <b>59-3106653</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BECKER, LYNN C SOUTHEAST MANAGEMENT 3511 S PENINSULA DR DAYTONA BEACH, FL 32127</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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           SIGNATURE: <i>Lynn C. Becker / Agent</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> <i>LYNN C. BECKER / AGENT</i>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 10%;"> <i>1/18/08</i>  <small>DATE</small> </div> </div>					
<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 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EASTBURN, DICK 30 INLET HARBOR RD #501 PONCE INLET, FL 32127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIFFORD, GERALD 30 INLET HARBOR RD #704 PONCE INLET, FL 32127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASSIE, MICHAEL 30 INLET HARBOR RD #203 PONCE INLET, FL 32127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LA FORGIA, TRUDY 30 INLET HARBOR RD #702 PONCE INLET, FL 32127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECHNER, JANE 30 INLET HARBOR RD #303 PONCE INLET, FL 32127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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> <i>Lynn C. Becker / Agent</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>1-18-08</i> <i>386-761-5733</i> <i>522</i> <small>Date Daytime Phone #</small>		

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