2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N10277

Entity Name: TIDEWATER CONDOMINIUM HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

30 INLET HARBOR ROAD
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

C/O SOUTHEAST MEAT SUES INC
3511 S. PENINSULA DR
PONCE INLET, FL 32127

New Mailing Address:

SOUTHEAST MANAGEMENT SERVICES
3280 S. ATLANTIC AVE. SUITE A
DAYTONA BEACH SHORES, FL 32118

FEI Number: 59-3106653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER, LYNN C
SOUTHEAST MANAGEMENT
3511 S PENINSULA DR
DAYTONA BEACH, FL 32127 US

Name and Address of New Registered Agent:

BECKER, LYNN C
SOUTHEAST MANAGEMENT SERVICES
3280 SOUTH ATLANTIC AVE. SUITE A
DAYTONA BEACH SHORES, FL 32118 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: LYNN C. BECKER/MGR. AGENT 02/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: EASTBURN, DICK
Address: 30 INLET HARBOR RD #501
City-St-Zip: PONCE INLET, FL 32127

Title: D ( ) Delete
Name: GIFFORD, GERALD
Address: 30 INLET HARBOR RD #704
City-St-Zip: PONCE INLET, FL 32127

Title: P ( ) Delete
Name: MASSIE, MICHAEL
Address: 30 INLET HARBOR RD #203
City-St-Zip: PONCE INLET, FL 32127

Title: VP ( ) Delete
Name: LA FORGIA, TRUDY
Address: 30 INLET HARBOR RD #702
City-St-Zip: PONCE INLET, FL 32127

Title: D ( ) Delete
Name: LECHNER, JANE
Address: 30 INLET HARBOR RD #303
City-St-Zip: PONCE INLET, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: LYNN C. BECKER/ MANAGER AGENT MGR. 02/26/2009
Electronic Signature of Signing Officer or Director Date