

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12761

FILED
Jul 28, 2004
Secretary of State**Entity Name:** THE TIDEWATER HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**22 TIDEWATER
ORMOND BEACH, FL 32174 US**New Principal Place of Business:**5 TIDEWATER
ORMOND BEACH, FL 32174 US**Current Mailing Address:**22 TIDEWATER
ORMOND BEACH, FL 32174 US**New Mailing Address:**5 TIDEWATER
ORMOND BEACH, FL 32174 US**FEI Number:** 59-2737117**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SUSSMAN, PAM
20 TIDEWATER DR
ORMOND BEACH, FL 32174 US**Name and Address of New Registered Agent:**WALKER, CORY
5 TIDEWATER DR
ORMOND BEACH, FL 32174 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: CORY WALKER

07/28/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MENEUGH, JOHN
Address: 10 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP () Delete
Name: SUSSMAN, PAM
Address: 20 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD () Delete
Name: BOWLER, KEVIN
Address: 22 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD () Delete
Name: MILES, ADRIAN
Address: 6 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PERSIS, CARL
Address: 3 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP (X) Change () Addition
Name: CRANSHAW, TODD
Address: 14 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD (X) Change () Addition
Name: WALKER, CORY
Address: 5 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD (X) Change () Addition
Name: HIGHLAND, GAIL
Address: 7 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CORY WALKER

TD

07/28/2004

Electronic Signature of Signing Officer or Director

Date