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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47163 (3)

1. Corporation Name

TIDEWATER ISLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
6719 WINKLER RD SUITE 121 FORT MYERS FL 33919 US	6719 WINKLER RD SUITE 121 FORT MYERS FL 33919 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	02/01/1992
4. FEI Number	65-0310322
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LUMSDEN, DENNIS J.
6719 WINKLER ROAD
SUITE 121
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	TAYLOR, LYNNE C	
STREET ADDRESS	6719 WINKLER ROAD, SUITE 121	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	VO	☒ DELETE
NAME	TAYLOR, WILLIAM A	
STREET ADDRESS	6719 WINKLER ROAD, SUITE 121	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	SD	☐ DELETE
NAME	LUMSDEN, DENNIS J	
STREET ADDRESS	6719 WINKLER ROAD, SUITE 121	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	Ann DeLong
4.3 STREET ADDRESS	6211 Tidewater Island Circle
4.4 CITY-ST-ZIP	Fort Myers, FL 33908
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	Nancy Burton
5.3 STREET ADDRESS	6181 Tidewater Island Circle
5.4 CITY-ST-ZIP	Fort Myers, FL 33908
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Dennis J. Lumsden* **DENNIS J. LUMSDEN** 1-9-98 941-489-1774

CR2E037 (10/97)