2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90073 003 ****61.25

DOCUMENT # N47163

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Henke Property Mngt	c/o Henke Property Mngt
Suite, Apt. #, etc. L6213-A Presidential Ct	Suite, Apt. #, etc. L6213-A Presidential Ct
City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33919 Country USA	Zip 33919 Country USA

4. FEI Number 65-0310322 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUMSDEN, DENNIS J. 6719 WINKLER ROAD SUITE 121 FORT MYERS FL 33919	Name Henke, Carol J Street Address (P.O. Box Number is Not Acceptable) c/o Henke Property Management L6213-A Presidential Ct City Fort Myers FL Zip Code 33919

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.

SIGNATURE Carol J. Henke 4-9-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TAYLOR, LYNNE C 6719 WINKLER ROAD, SUITE 121 FT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELONG, ANN 6210 TIDEWATER ISLAND CIR FT MYERS FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FIRMENT, CONRAD 6161 TIDEWATER ISLAND CIR FT MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SLEE, JOE 6061 TIDEWATER ISLAND CIR FORT MYERS FL 33908	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SULLIVAN, MICHAEL 6271 TIDEWATER ISLAND CIRCLE FORT MYERS FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ATHERTON, MICHAEL 6041 TIDEWATER ISLAND CIR FORT MYERS FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP REBSAMEN, PATRICIA 18201 CHESAPEAKE COURT FORT MYERS FL 33908	☐ Change ☒ Addition

CR2E037 (10/00)

12. 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 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.

SIGNATURE: Lynne C. Taylor 28 January 2001 (941) 431-1900
LYNNE C. TAYLOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #