

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000002241 (8)**

1. Corporation Name

THE TIDES OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

17495 FRONT BEACH RD
PANAMA CITY BEACH FL 32413
US

17644 FRONT BEACH RD
PANAMA CITY BEACH FL 32413
US

3. Date Incorporated or Qualified
05/13/1993

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHENS, LARRY W.
17644 FRONT BEACH RD
PANAMA CITY BEACH FL 32413

81 Name

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

83

84 City

FL

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

Signature typed or printed name of registered agent and title (if applicable)

(If 11c, Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	WOODHAM, WENDELL W	
STREET ADDRESS	ROUTE 2, BOX 75	
CITY- ST- ZIP	GRACEVILLE FL	
TITLE	PD	☒ DELETE
NAME	MCARTHUR, EDWIN	
STREET ADDRESS	8617 PEBBLE CREEK CT	
CITY- ST- ZIP	MONTGOMERY AL	
TITLE	STD	☐ DELETE
NAME	STEPHENS, TERESA	
STREET ADDRESS	17644 FRONT BEACH RD	
CITY- ST- ZIP	PANAMA CITY BEACH FL	
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	☐ Change ☒ Addition
22 NAME	PD
23 STREET ADDRESS	LITTLE, DAVID
24 CITY- ST- ZIP	1232 CEDARDELL LANE
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Teresa A. Stephens* / *Teresa A. Stephens* 1-18-96 904-234-7772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)