

FILE NOW: FILING FEE IS \$61.25

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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32413-1930 US

3. Date Incorporated or Qualified 05/13/1993	3a. Date of Last Report 01/26/1996
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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

4. FEI Number 59-3231081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
STEPHENS, LARRY W. 17644 FRONT BEACH RD PANAMA CITY BEACH FL 32413	

10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	WOODHAM, WENDELL W	1.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 75	1.3 STREET ADDRESS	
CITY - ST - ZIP	GRACEVILLE FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	D
NAME	LITTLE, DAVID	2.2 NAME	WEBB, WILLIAM
STREET ADDRESS	1232 CEDARDELL LANE	2.3 STREET ADDRESS	1204 Laurelwood
CITY - ST - ZIP	VESTAVIA AL	2.4 CITY - ST - ZIP	Chattanooga, TN 37412
TITLE	STD	3.1 TITLE	
NAME	STEPHENS, TERESA	3.2 NAME	
STREET ADDRESS	17644 FRONT BEACH RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY BEACH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: Larry W. Stephens 4-16-97 904-234-772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E037 (9/96)