2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000002241

1. Entity 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

07152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3231081
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WOODHAM, WENDELL
STREET ADDRESS	3673 HWY 2
CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	D
NAME	WEBB, WILLIAM
STREET ADDRESS	1204 LAURELWOOD
CITY-ST-ZIP	CHATTANOOGA, TN
TITLE	STD
NAME	STEPHENS, TERESA
STREET ADDRESS	17644 FRONT BEACH RD
CITY-ST-ZIP	PANAMA CITY BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/28/04-80005-011 61.25

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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: Teresa A. Stephens T. Stephens 7-26-04 850-234-7772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #