

# 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  
**17495 FRONT BEACH RD  
PANAMA CITY BEACH, FL 32413 US**

Mailing Address  
**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**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WOODHAM, WENDELL  
3673 HWY 2  
GRACEVILLE, FL 32440**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WEBB, WILLIAM  
1204 LAURELWOOD  
CHATTANOOGA, TN**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
STEPHENS, TERESA  
17644 FRONT BEACH RD  
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

000000168652  
07/28/04-80005-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** *[Signature]* **T. Stephens**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-04 850-234-777

Date

Daytime Phone #