

2001 UNIFORM BUSINESS REPORT (UBR)

4/25

FILED
May 17, 2001 8:00 am
Secretary of State

04-25-2001 90096 032 ****61.25

DOCUMENT # N98000002459

1. Entity Name

TIDES BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

16650 GULF BLVD
 NORTH REDINGTON BEACH FL 33708

RAMPART PROPERTIES
 10033 9TH STREET N.
 ST PETERSBURG FL 33716

43742

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3511305

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

SMITH, BRIAN
 % RAMPART PROPERTIES
 10033 9TH STREET N.
 ST PETERSBURG FL 33716

Name

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

City

FL

Zip Code

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

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	P	☒ Delete
NAME	HEINBERG, JAE	
STREET ADDRESS	10033 9TH STREET N.	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	VD	☒ Delete
NAME	KERN, STARR, LINDA	
STREET ADDRESS	10033 9TH STREET N., 2ND FL	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	S	☒ Delete
NAME	WOODRUFF, THOMAS	
STREET ADDRESS	10033 9TH STREET N., 2ND FL	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	T	☒ Delete
NAME	KIRSHIDE, BONNIE	
STREET ADDRESS	10033 9TH STREET N., 2ND FL	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	D	☒ Delete
NAME	WOODRUFF, TOM	
STREET ADDRESS	10033 9TH STREET N., 2ND FL	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	President	☒ Change ☐ Addition
NAME		Mary Bennett	
STREET ADDRESS		<i>Mary K. Bennett</i>	
CITY-ST-ZIP			
TITLE		Vice President	☒ Change ☐ Addition
NAME		Steve Suzanski	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	S/D	Secretary	☒ Change ☐ Addition
NAME		Denny Walker	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T/D	Treasurer	☒ Change ☐ Addition
NAME		Phil Lau	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Director	☒ Change ☐ Addition
NAME		Tom Woodruff	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *Mary K. Bennett*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)