

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90006 004 ****61.25

DOCUMENT # N98000003700

1. Entity Name

THE TIDES AT TOPS'L OWNERS ASSOCIATION, INC.



Principal Place of Business

9001 HWY 98 W
DESTIN FL 32550

Mailing Address

550 TOPS'L BEACH BLVD
MIRAMAR BEACH FL 32550
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E037 (4/08)

City & State

City & State

4. FEI Number

59-3521895

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHELTON, ROBERT
550 TOPS'L BEACH BLVD
MIRAMAR BEACH FL 32550

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. 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

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME LEACH, DAVID
STREET ADDRESS 550 TOPS'L BEACH BLVD
CITY-ST-ZIP MIRAMAR BEACH FL 32550

TITLE DV ☐ Delete
NAME HAGER, ALEX
STREET ADDRESS 812 LAKE RIDGE DR
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE DS ☐ Delete
NAME HENNESSEY, JIM
STREET ADDRESS 121 DEL MONTE CT
CITY-ST-ZIP CHESTERFIELD MO 63017

TITLE DT ☐ Delete
NAME LEE, BEN
STREET ADDRESS 1612 NEWCASTLE ST SUITE 200
CITY-ST-ZIP BRUNSWICK GA 31521

TITLE D ☐ Delete
NAME KOSSMAN, ED
STREET ADDRESS 1201 FARMER ST
CITY-ST-ZIP CLEVELAND MS 38732

TITLE D ☒ Delete
NAME MARTIN, ROY
STREET ADDRESS 13830 COWERT RD
CITY-ST-ZIP ALPHARETTA GA 30004

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 exemptions contained in Chapter 119, 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:

08-14-08

950-424-3269