

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90019 040 ****61.25

DOCUMENT # N99000000336 1. Entity Name TIDES VILLAGE-CONCOURSE SOUTH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 59076 N. REDINGTON BEACH, FL 33708			Mailing Address P.O. BOX 59076 N. REDINGTON BEACH, FL 33708		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3580002	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BUTCH, LEO 157 BATH CLUB CIRCLE N. REDINGTON BEACH, FL 33708				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>				DATE: 4/2/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTCH, LEO 157 BATH CLUB CIRCLE N. REDINGTON BEACH, FL 33708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KAHANA, LOUISE 163 BATH CLUB CIRCLE N REDINGTON BEACH, FL 33708	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DIANE MENTO 151 BATH CLUB CIRCLE NORTH REDINGTON BEACH FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTD MENTO, RONALD 151 BATH CLUB CIRCLE N REDDINGTON BEACH, FL 33708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TBM WAECHTER, PHIL 147 BATH CLUB CIRCLE N REDDINGTON BEACH, FL 33708	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP WAECHTER, PHIL 147 BATH CLUB CIRCLE N. REDINGTON BEACH FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP VANDERFORD, BILL 104 BATH CLUB CONCOURS N REDDINGTON BEACH, FL 33708	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TBM SWANSON, MAVIS 149 BATH CLUB CIRCLE N. REDINGTON BEACH FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 4/2/07	
Daytime Phone #				Daytime Phone #	