2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N99000000336

Entity Name: TIDES VILLAGE-CONCOURSE SOUTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

157 BATH CLUB CIRCLE
NORTH REDINGTON BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 59076
NORTH REDINGTON BEACH, FL 33708

New Mailing Address:

FEI Number: 59-3580002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUTCH, LEE
157 BATH CLUB CIRCLE
NORTH REDINGTON BEACH, FL 33708 US

Name and Address of New Registered Agent:

BUTCH, LEO
157 BATH CLUB CIRCLE
NORTH REDINGTON BEACH, FL 33708 US

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: LEO BUTCH 02/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BUTCH, LEO
Address: 157 BATH CLUB CIRCLE
City-St-Zip: NORTH REDINGTON BEACH, FL 33708

Title: DS ( ) Delete
Name: MENTO, DIANE
Address: 151 BATH CLUB CIR
City-St-Zip: NORTH REDINGTON BEACH, FL 33708

Title: DTD ( ) Delete
Name: MENTO, RONALD
Address: 151 BATH CLUB CIRCLE
City-St-Zip: NORTH REDINGTON BEACH, FL 33708

Title: TVP ( ) Delete
Name: WAECHTER, PHIL
Address: 147 BATH CLUB CIRCLE
City-St-Zip: NORTH REDINGTON BEACH, FL 33708

Title: TBM ( ) Delete
Name: SWANSON, MAVIS
Address: 149 BATH CLUB CIR
City-St-Zip: NORTH REDINGTON BEACH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD MENTO DTD 02/12/2009
Electronic Signature of Signing Officer or Director Date