2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Aug 27, 2001 08:00 AM P99000059849 DOCUMENT # 1. Entity Name **Secretary of State** EBB TIDE CONDOMINIUM, INC. Principal Place of Business Mailing Address 7522 FRONT BEACH RD. PO BOX 28300 PANAMA CITY BEACH FL PANAMAM CITY BEACH FL32407 32411 2. Principal Place of Business 3. Mailing Address 475 HARRISON AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SHITE 203D City & State City & State 4. FEI Number Applied For PANAMA CITY 59-3596023 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DERRICK BENNETT WILLIAMS 112 E. THIRD CT. Street Address (P.O. Box Number is Not Acceptable) 502 HARMON AVENUE PANAMA CITY FL32401 US City Zip Code PANAMA 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. 08/27/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete TITLE ☐ Addition MAME DURDEN EARL. NAME STREET ADDRESS 7522 FRONT BEACH RD. STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32407 CITY-ST-ZIP D ☐ Delete TITLE X Change NAME DUBOSE TERRY NAME FOISTER JUDY STREET ADDRESS 7522 FRONT BEACH RD. STREET ADDRESS P. O. BOX 1610 CITY-ST-ZIP PANAMA CITY BEACH FL 32407 CITY-ST-ZIP PANAMA CITY FL32402 TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

08/27/2001

Date

Daytime Phone #

SIGNATURE: _JUDY FOISTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)