2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2024
Secretary of State
8413142401CC

DOCUMENT# N04377

Entity Name: BLUE TIDE CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8394 E COUNTY HWY 30A
INLET BEACH, FL 32461

Current Mailing Address:

C/O SEA BREEZE ASSOCIATION MANAGEMENT
2441 US HWY 98 W SUITE 109
SANTA ROSA BCH, FL 32459 US

FEI Number: 62-1266608

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOFFMANN, DONALD
C/O SEA BREEZE ASSOCIATION MANAGEMENT
2441 US HWY 98 W SUITE 109
SANTA ROSA BCH, FL 32459 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: DONALD HOFFMANN 01/31/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER	Title	PRESIDENT
Name	BOONE, ANGIE	Name	LUZIO, TRICIA W
Address	C/O SEA BREEZE ASSOCIATION MANAGEMENT 2441 US HWY 98 W SUITE 109	Address	C/O SEA BREEZE ASSOCIATION MANAGEMENT 2441 US HWY 98 W SUITE 109
City-State-Zip:	SANTA ROSA BCH FL 32459	City-State-Zip:	SANTA ROSA BCH FL 32459
Title	BOARD MEMBER	Title	BOARD MEMBER
Name	SAVAGE, CHRIS	Name	HUBBELL, LYNNE
Address	C/O SEA BREEZE ASSOCIATION MANAGEMENT 2441 US HWY 98 W SUITE 109	Address	C/O SEA BREEZE ASSOCIATION MANAGEMENT 2441 US HWY 98 W SUITE 109
City-State-Zip:	SANTA ROSA BCH FL 32459	City-State-Zip:	SANTA ROSA BCH FL 32459
Title	BOARD MEMBER	Title	OFFICER
Name	FELDHAUS, BEVERLY W	Name	HOFFMANN, DONALD
Address	C/O SEA BREEZE ASSOCIATION MANAGEMENT 2441 US HWY 98 W SUITE 109	Address	C/O SEA BREEZE ASSOCIATION MANAGEMENT 2441 US HWY 98 W SUITE 109
City-State-Zip:	SANTA ROSA BCH FL 32459	City-State-Zip:	SANTA ROSA BCH FL 32459

I hereby 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 all other like empowered.

SIGNATURE: TRICIA LUZIO PRESIDENT 01/31/2024

Electronic Signature of Signing Officer/Director Detail — Date