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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 726936

1. Corporation Name

TIVOLI BY THE SEA ASSOCIATION INC

Principal Place of Business

625 BEACH RD.  
SARASOTA FL 34242

Mailing Address

625 BEACH RD.  
SARASOTA FL 34242



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

07/12/1973

4. FEI Number

59-1667313

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BECKER, POLIAKOFF & STREIFELD, P.A.  
630 S. ORANGE AVE.  
THIRD FLOOR  
SARASOTA FL 34230-3675

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME HABER, RICHARD  
STREET ADDRESS 10801 PEAR TREE LN #342  
CITY-ST-ZIP ST. LOUIS MO

TITLE TD ☐ DELETE  
NAME BEAZLEY, DAVID  
STREET ADDRESS 6137 INGLIS  
CITY-ST-ZIP HALIFAX NO

TITLE SD ☒ DELETE  
NAME DOCTOR, JOSEPH B.  
STREET ADDRESS 348 N ALPHA BELLBROOK RD  
CITY-ST-ZIP BEAVERCREEK CO

TITLE DV ☐ DELETE  
NAME LEONETTI, MARY ANNE  
STREET ADDRESS 625 BEACH RD  
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE  
NAME GOLDBERG, DAVID  
STREET ADDRESS 7131 WHITE WATER COURT  
CITY-ST-ZIP DAYTON OH

TITLE ~~VP/D~~ ☐ DELETE  
NAME ~~JERRY GROOM~~  
STREET ADDRESS ~~625 BEACH ROAD SARASOTA, FL 34242~~  
CITY-ST-ZIP ~~FL 34242~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME YPD  
1.3 STREET ADDRESS JERRY GROOM  
1.4 CITY-ST-ZIP 625 BEACH ROAD  
SARASOTA, FL. 34242

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/98

Date

941-342-5544

Daytime Phone #

CR2E037 (11/98)