

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726936

FILED
Jan 16, 2009
Secretary of State

Entity Name: TIVOLI BY THE SEA ASSOCIATION INC

Current Principal Place of Business:

625 BEACH RD.
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

625 BEACH RD.
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-1667313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEVIN, WELLS T P A.
C/O LAW OFFICES OF KEVIN T. WELLS
22 SO. LINKS AVENUE, SUITE 301
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BERBERICH, LARRY MR.
Address: 8206 QUAIL GREENS TERRACE
City-St-Zip: BRADENTON, FL 34212

Title: VPD () Delete
Name: GENT, BRIAN MR.
Address: #206 LAURELWOOD-45 BALLYROBERT ROAD
City-St-Zip: CRAWFORDSBURN CO DOWN, IRELA, IR BT19 IR

Title: SD () Delete
Name: LOTT, MARTIN MR.
Address: 33 GLACIER COURT
City-St-Zip: MAPLE, ONTARIO, CANADA, CD L6A2V3 CD

Title: TD () Delete
Name: ROBILLARD, BARBARA MS.
Address: 625 BEACH RD, UNIT #507
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: THORNTON, DION MR.
Address: 1735 STANFORD LANE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: NONE,
Address: NONE
City-St-Zip: NONE, FL 34242

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: TD (X) Change () Addition
Name: RIESEN, DICK MR.
Address: 1421 BURNINGWOOD WAY
City-St-Zip: MADISON, WI 53704

Title: D (X) Change () Addition
Name: KLEINBRIEL, MARJORIE MRS
Address: 4190 ELMONTE ST
City-St-Zip: SAGINAW, MI 48603

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: LARRY BERBERICH

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date