## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## DOCUMENT # F56767 1. Entity Name TIVOLI REALTY, INC.

03-24-2005 90040 033 \*\*\*150.00

Mar 24, 2005 8:00 am Secretary of State

**FILED** 

Principal Place of Business

Mailing Address

2127 RINGLING BLVD SUITE 102

2127 RINGLING BLVD

SUITE 102 SARASOTA, FL 34237 US

SARASOTA, FL 34237



## DO NOT WRITE IN THIS SPACE

01122005	No Chg-P	CR2E034 (10/03)			
4. FEI Number			Applied For		
59-2150534		Г	Not Applicab		

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VENABLE, JOSEPH P 1400 4TH AVE W. BRADENTON, FL 34205

## DO NOT WRITE IN THIS SPACE

	* 4 * 2 * 2					
	named entity submits this statement for the priors of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVOLTA, PIERO 215 ROBIN DRIVE SARASOTA, FL 34236					
TITLE NAME STREET ADDRESS. CITY-ST-ZIP	V RIVOLTA, PIERO .215.ROBIN DRIVE					
NAME STREET ADDRESS CITY-ST-ZIP	SVENABLE, JOSEPH P. 1400 4TH AVE W BRANDENTON, FL _			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·				
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: