

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006067

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** THE SANCTUARY AT TIVOLI WOODS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

22 W. MONUMENT AVE.  
SUITE 1  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

22 W. MONUMENT AVE.  
SUITE 1  
KISSIMMEE, FL 34741

**New Mailing Address:**

**FEI Number:** 11-3646906

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUTTON, KARIN  
22 W. MONUMENT AVE  
STE 1  
KISSIMMEE, FL 34741 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  
Name: MOHUN, PETER  
Address: 5014 QUALITY TRL  
City-St-Zip: ORLANDO, FL 32829

Title: D  
Name: ALCAIDINHO, JOSEPH L  
Address: 9535 WORTHINGTON RIDGE RD  
City-St-Zip: ORLANDO, FL 32829

Title: TRES  
Name: MAPILI, BERNIE  
Address: 4780 ADAIR OAK DR  
City-St-Zip: ORLANDO, FL 32829

Title: SEC  
Name: FUDALI, ROBIN  
Address: 5158 ADAIR OAK DR  
City-St-Zip: ORLANDO, FL 32829

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: KARIN DUTTON

LCAM

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date