

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-18-2007 90216 001 \*5,328.75  
N03000002549

FILED

07 MAY 23 PM 3:03

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N03000002549</b>					
1. Entity Name <b>TIVOLI LAKES OF PALM BEACH COUNTY HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 5350 W. ATLANTIC AVE. SUITE 101 DELRAY BEACH, FL 33484			Mailing Address 5350 W. ATLANTIC AVE. SUITE 101 DELRAY BEACH, FL 33484		
2. Principal Place of Business - No P.O. Box # <b>1035 Tivoli Lakes Blvd</b>		3. Mailing Address <b>PO Box 559009</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Boynton Beach, Florida</b>		City & State <b>Fort Lauderdale, Florida</b>		4. FEI Number <b>20-0665718</b>	
Zip <b>33437</b>		Country <b>Palm Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33355</b>		Country <b>Broward</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>STEINBERG, ANDREW 5350 W. ATLANTIC AVE. SUITE 101 DELRAY BEACH, FL 33484</b>			7. Name and Address of New Registered Agent Name <b>St. John, Core &amp; Lemme, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Centurion Tower, Suite 701 1601 Forum Place West Palm Beach FL 33401</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><i>David St. John</i></u> <b>DAVID ST. JOHN</b> DATE <u>3/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINBERG, ANDREW 5350 W. ATLANTIC AVE., SUITE 101 DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lance Berkowitz 6867 Casiro Lane Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SWARTZ, RICHARD A 5350 W. ATLANTIC AVE., SUITE 101 DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Sherman Hongar 6872 Antinori Lane Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PACOCOA, STEPHEN F 5350 W. ATLANTIC AVE., SUITE 101 DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Suzanne Bauer 6955 Fabiano Circle Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>St John</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jerome Feldman 6951 Boscanni Drive Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barry Greenberg 7051 Boscanni Drive Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.					
SIGNATURE: <u><i>Lance Berkowitz</i></u> <b>Lance Berkowitz</b> DATE <u>3/26/07</u> <b>443-255-7870</b>		<small>Signature and typed or printed name of filing officer or director</small>			