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May 01 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N15955** (0)  
1. Corporation Name  
**TIVOLI TRACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O ENCORE M&M  
1080 NW 1ST AVE.  
BOCA RATON FL 33432

C/O ENCORE M&M  
1080 NW 1ST AVE.  
BOCA RATON FL 33432



3. Date Incorporated or Qualified

07/18/1986

4. FEI Number

59-2676943

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 C/O PRIME MGMT.  
Suite, Apt. #, etc.

2a. C/O PRIME MGMT.  
Suite, Apt. #, etc.

22 6300 Park of Commerce Blvd.  
City & State

2b. City & State

23 Boca Raton, FL  
Zip Country

2b. Zip Country

24 33487 25 Palm Beach

29

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWATT, MYRON I  
PRIME MANAGEMENT GROUP  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON FL 33487

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CHEYNE, JIM  
STREET ADDRESS 522 TIVOLI TRACE CIR., 209  
CITY-ST-ZIP DEERFIELD BEACH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD  
NAME MATTHEWS, KEN  
STREET ADDRESS 522 TIVOLI TRACE CIR., 305  
CITY-ST-ZIP DEERFIELD BEACH FL

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

TITLE SD  
NAME BACH, JULIE  
STREET ADDRESS 522 TIVOLI TRACE CIR.  
CITY-ST-ZIP DEERFIELD BEACH FL

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

TITLE D  
NAME ESLE, KAREN  
STREET ADDRESS 523 TIVOLI TRACE CIRCLE  
CITY-ST-ZIP DEERFIELD BEACH FL

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

TITLE D  
NAME CLINE, MARYBELL  
STREET ADDRESS 587 TIVOLI TRACE CIRCLE  
CITY-ST-ZIP DEERFIELD BEACH FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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.

SIGNATURE: \* **NOT A SIGNATURE REQUIRED**

*James Cheyne 4/26/98*

CR2E037 (10/97)