

# 2001 UNIFORM BUSINESS REPORT (UBR)

37

FILED

Apr 16, 2001 8:00 am  
Secretary of State

03-23-2001 90039 018 \*\*\*\*61.25

DOCUMENT # N15955

1. Entity Name

TIVOLI TRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O PRIME MGMT GROUP INC  
6500 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487  
US

Mailing Address

C/O PRIME MGMT GROUP INC  
6500 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2676943

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHEYNE, JIM 522 TIVOLI TRACE CIR., 209 DEERFIELD BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BACH, JULIE 522 TIVOLI TRACE CIRCLE 206 DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLINE, MARYBELL 567 TIVOLI TRACE CIRCLE DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D CLINE, MARYBELL 567 TIVOLI TRACE CIRCLE UNIT 103 DEERFIELD BEACH FL. 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D PARKS, CHRISTIAN 508 TIVOLI TRACE CIRCLE UNIT 201 DEERFIELD BEACH FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BACH, JULIE 522 TIVOLI TRACE CIRCLE UNIT 206 DEERFIELD BEACH FL. 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GERMANDO, LINDA 567 TIVOLI TRACE CIRCLE UNIT 212 DEERFIELD BEACH FL. 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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 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 empowered.

SIGNATURE:

*Marybell Cline*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-01 954-429-9764

Date

Daytime Phone #

CR2E037 (10/00)