

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N45480 (3)**
1. Corporation Name
TVOLI RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **1096 OLD HWY 98 STE C-102B DESTIN FL 32541 US**
Mailing Address: **PO BOX 6417 DESTIN FL 32541 US**

3. Date Incorporated or Qualified: **10/04/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3124585**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
**PUCKETT, JOHN E
1096 OLD HIGHWAY 98
SUITE C-102B
DESTIN FL 32541**

10. Name and Address of New Registered Agent
81. Name: **Leyda R. Lewis**
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 617.1500, 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]* DATE: **3/20/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PASQUARELLO, VINCENT	
STREET ADDRESS	5311 TIVOLI RIDGE - SANDESTIN	
CITY - ST - ZIP	DESTIN FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GATTI, ANTHONY J	
STREET ADDRESS	4181 THUNDERBIRD DR	
CITY - ST - ZIP	MARIETTA GA	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SMITH, HUGH H	
STREET ADDRESS	4251 BEACHSIDE TWO	
CITY - ST - ZIP	DESTIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500001755795
5.3 STREET ADDRESS	-03/25/96--01031--028
5.4 CITY - ST - ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

[Handwritten: 3-25-96]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Vincent Pasquarello* President, 1/23/96 (904) 267-0494
DATE: 1/23/96 DAYTIME PHONE #

CR2E037 (12/95)