FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N45480

(3)

TIVOLI RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business		Mailing Address				- 1 184611401 211 01001 01111 01001 10111 0001 01011 01011 01011 01011 01011 01011 01011 01011			
1096 OLD HWY 98 STE C-1028 DESTIN FL 32541		PO BOX 6417 DESTIN FL 32541-6417 US							
US					3. Date	Incorporated or Qualified 10/04/1991	3a. Date of Las 03/25/	1 Report 1996	
Principal Place of Business 1		2a. Mailing Address			4. FEI I	Number 59-3124585	 	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					40.7	Not Applicable 5 Additional	
22		27			5. Cert	ficate of Status Desired	1 1 7	Required	
City & State		City & State			I	tion Campaign Financing t Fund Contribution		00 May Be	
Zip Co	untry	Zip	Country	,		corporation has liability for	intangible tax unde		
24 25 Name and 44	dress of Current Book	ningal Roomi	30				Yes No		
9. Name and Address of Current Registered Agent 81				Name	10. Name and Address of New Registered Agent				
LEWIS, LEYDA R								····	
1096 OLD HIGHWAY 98			82	Street	Address (P.O. B	ox Number is Not Acceptat	(elc		
SUITE C-102B			83						
DESTIN FL 32541			84	City			FL 85 Z	ip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation of the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation of the provisions					corporation sub	mits this statement for the p		j its registered	
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 Pionda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and agreed the obligations of Section 617.0503, Florida Statutes.									
SIGNATURE Signature, typeta or power harm of registered agent arentitle if applicable (NOTE Registered Agent alignature required when reinstating) DATE									
12.	OFFICERS AND DIRE		13.			TIONS/CHANGES TO OFFIC		ORS IN 12	
TITLE DP		DELETE	1.1 TITLE				☐ Chang	e 🔲 Addition	
***************************************			1.2 NAME						
STREET ADDRESS 5311 TIVOLI RIDGE - SANDESTIN			1.3 STREET	ADDRESS					
CITY-ST-ZIP DESTIN FL	 		1.4 CITY - S	T-ZIP	DV			********	
TITLE DV	MARKA I	DELETÉ	2.1 TITLE 2.2 NAME		Smith, Hu	oh.	Chang	e 🔲 Addition	
' I	-					oli Ridge			
				ADDRESS	Destin,	_			
			2. 4 CITY - 1 3.1 TITLE	J, 4-1	DST	FD 32341	Chang	e Addition	
NAME SMITH, HUGH	ш	L bearing	3.7 THE		Kimm,Geo	rno	Chang	Addition a	
AND DEAGLIOUSE TOUG						oli Ridge			
DEATH F					Destin,	•			
TITLE DESTITE		DELETE	3.4. CITY - 4.1 TITLE	DI-111,	PODULIE	LU JEJ7I	☐ Chang	e Addition	
NAME			4. 2 NAME				time of the last	- Record / PUD MOTE	
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-5						
TITLE		DELETE	5.1 TITLE	····-			☐ Chang	e Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S						
TITLE		DELETE	6.1 TITLE				☐ Chang	e Addition	
NAME			6.2 NAME				_		
STREET ADDRESS			6.3 STREET	ADDRESS					
City-St-ZiP		····	6.4 CITY-S	T-ZIP					

14. I do 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 ayachment with an addises.

FILED

Feb 07 1997 8:00am

Secretary of State