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May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90050 002 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N45480**

1. Corporation Name  
**TIVOLI 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
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2. Principal Place of Business 21 10221 Hwy 98 Suite, Apt. #, etc. 22 Suite 23 City & State 23 Destin, FL Zip Country 24 32541 25 US	2a. Mailing Address 26 P.O. Box 6225 Suite, Apt. #, etc. 27 City & State 28 Destin, FL Zip Country 29 32541 30 US	3. Date Incorporated or Qualified 10/04/1991	4. FEI Number 59-3124585 Applied For Not Applicable
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9. Name and Address of Current Registered Agent LEWIS, LEYDA R 1096 OLD HIGHWAY 98 SUITE C-102B DESTIN FL 32541	10. Name and Address of New Registered Agent 81 Name Gelder, Jay B. 82 Street Address (P.O. Box Number is Not Acceptable) 10221 Hwy 98, Suite 23 83 84 City Destin, FL FL 85 Zip Code 32541
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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 *Jay B. Gelder* DATE 4/20/99

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASQUARELLO, VINCENT	1.2 NAME	
STREET ADDRESS	5311 TIVOLI RIDGE - SANDESTIN	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, HUGH	2.2 NAME	
STREET ADDRESS	5308 TIVOLI RIDGE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMM, GEORGE	3.2 NAME	
STREET ADDRESS	5304 TIVOLI RIDGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Vincent Pasquarello* SIGNATURE REQUIRED DATE 4/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0078974

CR2E037 (11/98)