

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

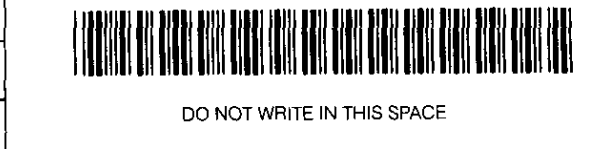
05-01-2000 90379 007 \*\*\*\*61.25

**DOCUMENT # N45480**  
 1. Entity Name  
**TIVOLI RIDGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 10221 HWY 98      P O BOX 6225  
 STE 23      DESTIN FL 32541-6225  
 DESTIN FL 32541      US  
 US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Country

*10221 Hwy 98*  
*23*  
*Destin FL 32541*  
*FL*      *US*



4. FEI Number      Applied For  
**59-3124585**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GELDER, JAY B**  
 10221 HWY 98  
 STE 23  
 DESTIN FL 32541

7. Name and Address of New Registered Agent  
 Name: *Ralph Gelder*  
 Street Address (P.O. Box Number is Not Acceptable)  
 City:      State: **FL**      Zip Code

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: *Jay B Gelder*      DATE: *4/21/00*  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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

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	SMITH, HUGH	
STREET ADDRESS	5308 TIVOLI RIDGE	
CITY-ST-ZIP	DESTIN FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KIMM, GEORGE	
STREET ADDRESS	5304 TIVOLI RIDGE	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Vincent Pasquarello*      DATE: *4/21/2000*

CR2E037 (9/99)