

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

01-26-2001 90079 029 ****61.25

DOCUMENT # N45480

1. Entity Name

TIVOLI RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

10221 HWY 98
STE 23
DESTIN FL-32541
US

Mailing Address

10221 HWY 98
STE 23
DESTIN FL-32541
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3124585**

Applied For
Not Applicable

Zip **32550** Country

Zip **32550** Country

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



DO NOT WRITE IN THIS SPACE

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: **Emerald Coast Assoc. Mgt.**
Street Address (P.O. Box Number is Not Acceptable):
Jay B. Gelder
10221 Hwy 98 West, Suite 23
City: **Destin** FL Zip: **32550**

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

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

(NOTE: Registered Agent signature required when reinstating)

3/5/01

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	PASQUARELLO, VINCENT	
STREET ADDRESS	5311 TIVOLI RIDGE - SANDESTIN	
CITY-ST-ZIP	DESTIN FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SMITH, HUGH	
STREET ADDRESS	5308 TIVOLI RIDGE	OK
CITY-ST-ZIP	DESTIN FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KUMM, 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

DATE

850-267-0494

DAYTIME PHONE #

CR2E037 (10/00)