

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 24, 2004  
Secretary of State**

DOCUMENT# N45480

Entity Name: TIVOLI RIDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10221 HWY 98  
STE 23  
DESTIN, FL 32550 US

**New Principal Place of Business:**

10221 EMERALD COAST PKWY WEST  
STE 23  
MIRAMAR BEACH, FL 32550 US

**Current Mailing Address:**

10221 EMERALD COAST PKWY W STE 23  
DESTIN, FL 32550 US

**New Mailing Address:**

10221 EMERALD COAST PKWY W STE 23  
MIRAMAR BEACH, FL 32550 US

FEI Number: 59-3124585      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EMERALD COAST ASSOC. MGT.  
10221 EMERALD COAST PKWY WEST  
STE 23  
DESTIN, FL 32550

**Name and Address of New Registered Agent:**

EMERALD COAST ASSOC. MGT.  
10221 EMERALD COAST PKWY WEST  
STE 23  
MIRAMAR BEACH, FL 32550

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: \_\_\_\_\_ Date: 02/24/2004  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PASQUARELLO, VINCENT  
Address: 5311 TIVOLI RIDGE - SANDESTIN  
City-St-Zip: DESTIN, FL

Title: DST ( ) Delete  
Name: KIMM, GEORGE  
Address: 5304 TIVOLI RIDGE  
City-St-Zip: DESTIN, FL

Title: D ( ) Delete  
Name: POPE, BILL  
Address: 159 COVE DR  
City-St-Zip: DESTIN, FL 32550

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: PASQUARELLO, VINCENT  
Address: 5311 TIVOLI DR.  
City-St-Zip: SANDESTIN, FL 32550

Title: DST (X) Change ( ) Addition  
Name: KIMM, GEORGE  
Address: 5304 TIVOLI DR.  
City-St-Zip: SANDESTIN, FL 32550

Title: D (X) Change ( ) Addition  
Name: POPE, BILL  
Address: 5313 TIVOLI DR.  
City-St-Zip: SANDESTIN, FL 32550

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCE PASQUARELLO      PD      Date: 02/24/2004  
Electronic Signature of Signing Officer or Director