

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90448 036 ****61.25

DOCUMENT # N45480

1. Entity Name

TIVOLI RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10221 HWY 98
STE 23
DESTIN FL 32550
US

10221 HWY 98
STE 23
DESTIN FL 32550
US

2. Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

The Post Office changed our
physical address to
10221 Emerald Coast Pkwy, W
Suite 23
Destin, FL 32550



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3124585**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMERALD COAST ASSOC. MGT.
C/O JAY B. GELDER
10221 HWY 98 WEST. SUITE 23
DESTIN FL 32550

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

10221 Emerald Coast Pkwy West
Suite #23

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jay B. Gelder

2/13/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PASQUARELLO, VINCENT 5311 TIVOLI RIDGE - SANDESTIN DESTIN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KIMM, GEORGE 5304 TIVOLI RIDGE DESTIN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPE, BILL 159 COVE DR DESTIN FL 32550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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*

CR2E037 (10/02)