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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000557 (0)**

1. Corporation Name

TIVOLI BY THE SEA (III) CONDOMINIUM OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**4701 OLD HIGHWAY 98
SUITE C-102B
DESTIN FL 32541
US**

**P.O. BOX 6417
DESTIN FL 32541-6417
US**

3. Date Incorporated or Qualified
11/30/1992

3a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2653298

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LWEIS, LEYDA R
1096 OLD HIGHWAY 98
SUITE C-102B
DESTIN FL 32541**

81 Name

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

83

84 City

FL

85 Zip Code

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature of person or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **WILLIAMS, JOHN K**
STREET ADDRESS **100 SCENIC HWY, UNIT 18**
CITY-ST-ZIP **LOOKOUT MOUNTAIN TN**

1.1 TITLE **DV** ☒ Change ☐ Addition
1.2 NAME **John K. Williams**
1.3 STREET ADDRESS **100 Scenic Hwy., Unit 18**
1.4 CITY-ST-ZIP **Lookout Mountain, TN**

TITLE **DV** ☐ DELETE
NAME **BROWN, GENERAL B**
STREET ADDRESS **5294 TIVOLI II- SANDESTIN**
CITY-ST-ZIP **DESTIN FL**

2.1 TITLE **DP** ☒ Change ☐ Addition
2.2 NAME **Brown, General Bill**
2.3 STREET ADDRESS **5294 Tivoli Drive**
2.4 CITY-ST-ZIP **Destin, FL**

TITLE **DST** ☐ DELETE
NAME **DULIN, JOHN P.**
STREET ADDRESS **125 NORWAL ROAD**
CITY-ST-ZIP **MEMPHIS TN**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0073645**

CR2E037 (9/96)