
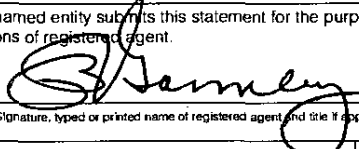
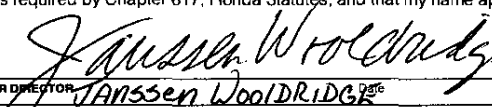


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90011 001 \*\*\*\*61.25

<b>DOCUMENT # N92000000557</b>					
1. Entity Name <b>TIVOLI BY THE SEA (III) CONDOMINIUM OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>215 GRAND BLVD SUITE C102B SANDESTIN, FL 32550 US</b>			Mailing Address <b>215 GRAND BLVD SUITE C102B SANDESTIN, FL 32550 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent <b>BELL, DAVID W 215 GRAND BLVD SUITE C 102 B DESTIN, FL 32550</b>			7. Name and Address of New Registered Agent Name <b>Terry P. Gormley</b> Street Address (P.O. Box Number is Not Acceptable) <b>215 GRAND BLVD</b> City <b>Destin</b> FL Zip Code <b>32550</b>		
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  DATE <b>2/10/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT STODDARD, BOBBY 1803 PINENEEDLE RD MONTGOMERY, FL 36106 <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	DP WOOLDRIDGE, JANSSEN 6219 HOWE DR FAIRWAY, KS 66205 <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	VPD HOWERTON, LONNIE 23 SOUTHWIND RD LOUISVILLE, KY 40207 <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 LUCAS, STEVE 8821 OTTER COVE CIRCLE INDIANAPOLIS, IN 46236 <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 MCIVOR, DAN 2661 RICHPOUND RD. BOWLING GREEN, KY 42104 <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		
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: 		913-362-3088 850-267-5288 Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JANSSEN WOOLDRIDGE</b>					

94017600



01302004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2653298** Applied For  
Not Applicable

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