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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003530 (2)**

1. Corporation Name

TIVOLI TERRACE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1096 OLD HIGHWAY 98 SUITE C-102B DESTIN FL 32541 US	P.O. BOX 6417 DESTIN FL 32541-6417 US

3. Date Incorporated or Qualified: **07/18/1994**
3a. Date of Last Report: **02/28/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-3269321** ☐ 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

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

10. Name and Address of New Registered Agent

81 Name: David W. Bell
82 Street Address (P.O. Box Number is Not Acceptable): 1096 Old Highway 98
83: Suite C-102B
84 City: Destin **FL** 85 Zip Code: 32541

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: David W Bell — 1/15/97
Signature, typed 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	VD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	AVANT, HARRY		12 NAME		
STREET ADDRESS	PO BOX 52 N A		13 STREET ADDRESS		
CITY-ST-ZIP	SHREVEPORT LA 71141		14 CITY-ST-ZIP		
TITLE	FTD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	ASKEW, VANCE		22 NAME		
STREET ADDRESS	9300 HIGHWAY 98		23 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		24 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	31 TITLE	PD	☐ Change ☒ Addition
NAME	OLCOTT, WAYNE		32 NAME	Liew,Alvin	
STREET ADDRESS	5500 HIGHWAY 98 EAST		33 STREET ADDRESS	9300 Highway 98 West	
CITY-ST-ZIP	DESTIN FL 32541		34 CITY-ST-ZIP	Destin, FL 32541	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (9/96)

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: [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0073666