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May 05, 1999 8:00 am
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05-05-1999 90022 012 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003530

1. Corporation Name

TIVOLI TERRACE OWNERS ASSOCIATION, INC.

Principal Place of Business

1096 OLD HIGHWAY 98
SUITE C-102B
DESTIN FL 32541
US

Mailing Address

1096 OLD HWY 98
SUITE C102B
DESTIN FL 32541
US

486849 - 90022 - 12



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/18/1994

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

9. Name and Address of Current Registered Agent

BELL, DAVID W
1096 OLD HIGHWAY 98
SUITE C-102B
DESTIN FL 32541

10. Name and Address of New Registered Agent

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *David W Bell*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE
NAME AVANT, HARRY
STREET ADDRESS PO BOX 52 N A
CITY-ST-ZIP SHREVEPORT LA 71141

TITLE ☐ DELETE
NAME ASKEW, VANCE
STREET ADDRESS 9300 HIGHWAY 98
CITY-ST-ZIP DESTIN FL 32541

TITLE ☒ DELETE
NAME LIEW, ALVIN
STREET ADDRESS 9300 HIGHWAY 98 WEST
CITY-ST-ZIP DESTIN FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME DAVID DUBBELL
1.3 STREET ADDRESS 130 OLD HWY 98 #4304
1.4 CITY-ST-ZIP DESTIN FL 32541

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME ROB BARCOCK
2.3 STREET ADDRESS 9300 HWY 98
2.4 CITY-ST-ZIP DESTIN FL 32541

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

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

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

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

14. 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Barcock President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99 850-654188

CR2E037 (1/98)