

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90118 006 ***61.25

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DOCUMENT # N94000003530

1. Entity Name

TIVOLI TERRACE OWNERS ASSOCIATION, INC.



Principal Place of Business

**1096 SCENIC GULF DRIVE
DESTIN FL 32550
US**

Mailing Address

**1096 SCENIC GULF DRIVE
DESTIN FL 32550
US**

2. Principal Place of Business

215 GRAND BLVD

Suite, Apt. #, etc.

3. Mailing Address

215 GRAND BLVD.

Suite, Apt. #, etc.

City & State

SANDESTIN FL

Zip

32550

Country

City & State

SANDESTIN FL

Zip

32550

Country

4. FEI Number **59-3269321**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **BELL, DAVID W**

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

215 GRAND BLVD.

City **SANDESTIN**

FL

Zip Code

32550

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

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

TITLE **PD** ☒ Delete
NAME **DUBBELL, DAVID**
STREET ADDRESS **10859 EMERALD COAST PKWY W #4-427**
CITY-ST-ZIP **DESTIN FL 32550**

TITLE **DST** ☒ Delete
NAME **ASKEW, VANCE**
STREET ADDRESS **9300 HIGHWAY 98**
CITY-ST-ZIP **DESTIN FL 32550**

TITLE **VD** ☒ Delete
NAME **BABCOCK, ROB**
STREET ADDRESS **9300 HIGHWAY 98 WEST**
CITY-ST-ZIP **DESTIN FL 32550**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **BOB EDWARDS**
STREET ADDRESS **340 WATERFRONT PARK LANE**
CITY-ST-ZIP **DAWSONVILLE GA 30534**

TITLE **DST** ☐ Change ☒ Addition
NAME **Stephen Miller**
STREET ADDRESS **501 Audubon Dr.**
CITY-ST-ZIP **EVANSVILLE IN 47715**

TITLE **VD** ☐ Change ☒ Addition
NAME **JAMES MARASIA**
STREET ADDRESS **88 CROWN CIRCLE**
CITY-ST-ZIP **KINGSPORT TN 37660**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE OF REGISTERED AGENT

03/14/03 706/214-7703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)