


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90033 044 ****61.25

DOCUMENT # N15955 1. Entity Name TIVOLI TRACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O PRIME MGMT GROUP INC 6500 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US			Mailing Address C/O PRIME MGMT GROUP INC 6500 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US		
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 SWATT, MYRON I PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLINE, MARYBELL		NAME		
STREET ADDRESS	561 TIVOLI TRACE CIRCLE UNIT 103		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442		CITY - ST - ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MROZINSKI, LINDA		NAME		
STREET ADDRESS	522 TIROLI TRACE CIRCLE UNIT 103		STREET ADDRESS		
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441		CITY - ST - ZIP		
TITLE	VPD <input checked="" type="checkbox"/> Delete		TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GAZAGNAIRE, CYRIL		NAME	SCOTT TRIPLETT	
STREET ADDRESS	545 TIVOLI TRACE CIRCLE UNIT 111		STREET ADDRESS	523 TRACE CIR #107	
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441		CITY - ST - ZIP	DEERFIELD BEACH, FL 33441	
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GAZAGNAIRE, JULIA		NAME	ROBERT RANTA	
STREET ADDRESS	545 TIVOLI TRACE CIRCLE UNIT 111		STREET ADDRESS	545 TRACE CIR	
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441		CITY - ST - ZIP	DEERFIELD BEACH, FL 33441	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <u>Marybell Cline</u> MARYBELL CLINE <u>3/20/04</u> <u>561-889-5000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

94036357



03032004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2676943

Applied For
Not Applicable

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