

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006873

FILED
Apr 20, 2005
Secretary of State

Entity Name: TIVOLI GARDENS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6767 N. WICKHAM ROAD, SUITE 500
MELBOURNE, FL 32940

New Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

Current Mailing Address:

6767 N. WICKHAM ROAD, SUITE 500
MELBOURNE, FL 32940

New Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

FEI Number: 20-2110014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRESE, GARY B
930 S. HARBOR CITY BOULEVARD, SUITE 505
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 US

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.

SIGNATURE: THERESA D. SUTHERLAND

04/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KIRWAN, GLENN
Address: 6767 N. WICKHAM ROAD, SUITE 500
City-St-Zip: MELBOURNE, FL 32940

Title: TD () Delete
Name: SELLERS, JEFF
Address: 6767 N. WICKHAM ROAD, SUITE 500
City-St-Zip: MELBOURNE, FL 32940

Title: T () Delete
Name: QUINTANA, CRISTINA
Address: 6767 N. WICKHAM ROAD, SUITE 500
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KIRWAN, GLENN
Address: 12001 SCIENCE DR. SUITE 160
City-St-Zip: ORLANDO, FL 32826 US

Title: VP (X) Change () Addition
Name: QUINTANA, CHRISTINA
Address: 12001 SCIENCE DR. SUITE 160
City-St-Zip: ORLANDO, FL 32826 US

Title: STD (X) Change () Addition
Name: WOFFORD, KEN
Address: 775 HARKLEY STRICKLAND BLVD. STE.110
City-St-Zip: ORANGE CITY, FL 32763 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN KIRWAN

PD

04/20/2005

Electronic Signature of Signing Officer or Director

Date