2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# N04000006873

Entity Name: TIVOLI GARDENS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8009 S. ORANGE AVENUE
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

8009 S. ORANGE AVENUE
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 20-2110014 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARKNESS, KAREN ESQ.
6767 N. WICKHAM ROAD
SUITE 500
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
8009 S. ORANGE AVE
ORLANDO, FL 32809 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: REBECCA FURLOW 04/19/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: D ( ) Delete
Name: BUESCHER, KEITH
Address: 6767 N. WICKHAM ROAD, SUITE 500
City-St-Zip: MELBOURNE, FL 32940 US

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

Title: DST ( ) Delete
Name: O'TOOLE, HAZEL
Address: 6767 N. WICKHAM ROAD, SUITE 500
City-St-Zip: MELBOURNE, FL 32940 US

Title: DV ( ) Delete
Name: MITCHEM, WILLIAM
Address: 6767 N. WICKHAM ROAD, SUITE 500
City-St-Zip: MELBOURNE, FL 32940

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KEN MITCHELL P 04/19/2006
Electronic Signature of Signing Officer or Director Date