2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N04000006873

Entity Name: TIVOLI GARDENS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822 US

New Principal Place of Business:

Current Mailing Address:

5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822 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:

LELAND MANAGEMENT
5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COCHRAN, BARBARA
Address: 6078 TIVOLI GARDENS BLVD
City-St-Zip: ORLANDO, FL 32829 US

Title: V ( ) Delete
Name: SAMUEL, BEVELYN
Address: 6148 APOLLOS CORNER WAY
City-St-Zip: ORLANDO, FL 32829 US

Title: S ( ) Delete
Name: WILLIAMS, SHANTENESE
Address: 6070 APOLLOS CORNER WAY
City-St-Zip: ORLANDO, FL 32829 US

Title: T ( ) Delete
Name: GAULIN, GREGORY J
Address: 5962 TIVOLI GARDENS BLVD
City-St-Zip: ORLANDO, FL 32829 US

Title: D ( ) Delete
Name: RODRIGUEZ, EDUARDO
Address: 9552 MUSE PLACE
City-St-Zip: ORLANDO, FL 32829

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: RODRIGUEZ, EDUARDO
Address: 9552 MUSE PLACE
City-St-Zip: ORLANDO, FL 32829 US

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

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

Title: D (X) Change ( ) Addition
Name: CAMPBELL, KAREN D
Address: 6050 TIVOLI GARDENS BLVD
City-St-Zip: ORLANDO, FL 32829

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA COCHRAN P 04/29/2008

Electronic Signature of Signing Officer or Director — Date