

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003530

Entity Name: TIVOLI TERRACE OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**12889 US HWY 98
104-A
MIRAMAR BEACH, FL 32550**Current Mailing Address:**PO BOX 9086
MIRAMAR BEACH, FL 32550 US**FEI Number:** 59-3269321**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE CAM FIRM, INC..
12889 US HWY 98
SUITE 104-A
MIRAMAR BEACH, FL 32550 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	GREGORY, JEAN
Address	12889 US HWY 98 SUITE 104-A
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	PRESIDENT
Name	LASTRAPES, STEVE
Address	12889 US HWY 98 SUITE 104-A
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	SECRETARY, TREASURER
Name	KELLEY, JEFF
Address	12889 US HWY 98 SUITE 104-A
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	DIRECTOR
Name	BAGLEY, LARRY
Address	12889 US HWY 98 SUITE 104-A
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	DIRECTOR
Name	SIMEON, FLOYD
Address	12889 US HIGHWAY 98 SUITE 104-A
City-State-Zip:	MIRAMAR BEACH FL 32550

I hereby 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 all other like empowered.

SIGNATURE: STEVE LASTRAPES

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01/16/2018

Electronic Signature of Signing Officer/Director Detail_____
Date