Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90220 042 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCU	MENI # 644197						
1. Corporation Name TIVOLI HOMES, INC.							
THOLI T	OMES, MO					DI 2000 DIDI 2000 P	
Principal Place	of Business	Mailing Address					
1741 MAIN ST 101		1741 MAIN ST 101					
SARASOTA FL 34236 SARASOTA FL 34236					DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed		
					11/06/1979	<del></del>	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number 59-1963456	- + · ·	plied For t Applicable	
Suite-Apt.	# oto	Suite, Apt. #, etc.		···		\$8.75 A	
22	17E 101	27 SUITE	101		5. Certifcate of Status Desired	Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28		· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	81 N	ame	10. Name and Address of New Register	ea Agent	
VEN	ABLE, JOSEPH P		( ) IN	anie			
1400 4TH AVE. W.				treet Addre	ss (P.O. Box Number is Not Acceptable)		
BRADENTON FL 34205			83		·	<del></del>	
			84 C	ity		85 Zip C	Code
				-		-L	!
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-na	med corpor	ration submits this statement for the purpose i's board of directors. I hereby accept the ap	at changing its pointment as re-	registered ( gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statutes.				
SIGNATURE					when reinstating) DATE		<u> </u>
12.	Signature, typed or printed name of registered agent OFFICERS ANI		Registered Agent sign	iature required	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	•		Change	☐ Addition
NAME	hilling and   mineral and		1.2 NAME	ļ			ļ
STREET ADDRESS	ALE DODING DODINE		1.3 STREET ADD	RESS			٤
CITY-ST-ZIP	0.000000		1.4 CITY-ST-ZIP	,			
TITLE			2.1 TITLE			Change	☐ Addition
NAME	VENABLE, JOSEPH P		2.2 NAME				
STREET ADDRESS	1400 4TH AVENUE, WEST		2.3 STREET ADD	RESS			
CITY-ST-ZIP	<u> </u>		2. 4 CITY-ST-ZI	P		<u></u>	
TITLE	VD	•			~ .	Change	☐ Addition
NAME	0.11.00.14, 0.11.1		3.2 NAME	١,	741 MAIN ST,	SUITE	101
STREET ADDRESS	2033 MAIN STREET, SUITE #1	04	3.3 STREET ADD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			101
CITY-ST-ZIP			3.4. CITY-ST-ZI	P 2	ARASOTA FL 3	<u>-/2-3-6</u> ☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			Cloudige	
NAME			4. 2 NAME 4.3 STREET ADD	ADECC			
STREET ADDRESS			4.4 CITY-ST-ZIF				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME		· .		
STREET ADDRESS			5.3 STREET ADD	XRESS	•		
CITY-ST-ZIP			5.4 CITY-ST-ZIF	,			
TITLE		☐ DÉLETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
CTOFFT ADODESC			6.3 STREET ADD	DRESS			

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR