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Jan 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 726936 (8)

1. Corporation Name

TIVOLI BY THE SEA ASSOCIATION INC

Principal Place of Business

625 BEACH RD.  
SARASOTA FL 34242

Mailing Address

625 BEACH RD.  
SARASOTA FL 34242-1948

3. Date Incorporated or Qualified

07/12/1973

3a. Date of Last Report

03/04/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

59-1667313

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BECKER, POLIAKOFF & STREIFELD, P.A.  
630 S. ORANGE AVE.  
THIRD FLOOR  
SARASOTA FL 34230-3675

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered  
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered  
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME HABER, RICHARD  
STREET ADDRESS 10801 PEAR TREE LN #342  
CITY-ST-ZIP ST. LOUIS MOTITLE D ☐ DELETENAME WEISSGERBER, HELEN  
STREET ADDRESS 14300 CONWAY MEADOWS CT E  
CITY-ST-ZIP CHESTERFIELD MATITLE TD ☐ DELETENAME BEAZLEY, DAVID  
STREET ADDRESS 6137 INGLIS  
CITY-ST-ZIP HALIFAX, NOVA SCOTIATITLE SD ☐ DELETENAME DOCTOR, JOSEPH B.  
STREET ADDRESS 575 NUTT ROAD  
CITY-ST-ZIP SPRING VALLEY OHTITLE DV ☐ DELETENAME LEONETTI, MARY ANNE  
STREET ADDRESS 625 BEACH RD  
CITY-ST-ZIP SARASOTA FLTITLE D ☐ DELETENAME GOLDBERG, DAVID  
STREET ADDRESS 7131 WHITE WALTER CT  
CITY-ST-ZIP DAYTON OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME TO ADDRESS

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ST. LOUIS, MO 63074

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME TO ADDRESS

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP MO 63017

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME IN ADDRESS

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP HALIFAX

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME OF ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP 348 N. ALPHA BELLBROOK RD,  
BEAVERBEEK,5.1 TITLE ☒ Change ☐ Addition

5.2 NAME ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP 34242-1999

6.1 TITLE ☒ Change ☐ Addition6.2 NAME IN NAME  
6.3 STREET ADDRESS ADDRESS

6.4 CITY-ST-ZIP

GOLDBERG  
7131 WHITE WALTER COURT  
4541414. I do 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 617, Florida Statutes; and that my name  
appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. A. LEONETTI

Date

Daytime Phone # 0063784

CR2E037 (9/96)