

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 07/12/1973	
4. FEI Number 59-1667313	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO HABER, RICHARD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10801 PEAR TREE LN #342	1.2 NAME	
STREET ADDRESS	ST. LOUIS MO	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WEISSGERBER, HELEN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14300 CONWAY MEADOWS CT E	2.2 NAME	
STREET ADDRESS	CHESTERFIELD MO	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD BEAZLEY, DAVID	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6137 INGLIS	3.2 NAME	
STREET ADDRESS	HALIFAX NO	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD DOCTOR, JOSEPH B.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	348 N ALPHA BELLBROOK RD	4.2 NAME	
STREET ADDRESS	BEAVERCREEK CO	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DV LEONETTI, MARY ANNE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	625 BEACH RD	5.2 NAME	
STREET ADDRESS	SARASOTA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D GOLDBERG, DAVID	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7131 WHITE WATER COURT	6.2 NAME	
STREET ADDRESS	DAYTON OH	6.3 STREET ADDRESS	
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. A. Leonetti 2-24-98 941-349-5544

CF2E037 (10/97)