

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90043 040 ****61.25

DOCUMENT # 726936

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1667313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, RICHARD L ESQ.
%NELSON HESSE
2070 RINGLING BLVD
SARASOTA FL 34237

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HABER, RICHARD	
STREET ADDRESS	10801 PEAR TREE LN #342	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BEAZLEY, DAVID	
STREET ADDRESS	6137 INGLIS	
CITY-ST-ZIP	HALIFAX NO	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GROOM, JERRY	
STREET ADDRESS	625 BEACH RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEONETTI, MARY ANNE	
STREET ADDRESS	625 BEACH RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, DAVID	
STREET ADDRESS	7131 WHITE WATER COURT	
CITY-ST-ZIP	DAYTON OH	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAGWELL, JAMES	
STREET ADDRESS	4495 WESTMOUNT BLVD	
CITY-ST-ZIP	AKRON OH 44321	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4097 Hearthstone Drive	
CITY-ST-ZIP	Sarasota, FL. 34238	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M.A. Leonetti* **M.A. LEONETTI** *Board of Director 3.02.04 (94) 349.5544*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

INCL

vacation

ARA

FLORE

12

Att oc Liment

2004 NOT-FOR-PROFIT CORPORATION (AR)

Document #726936 Supplement Schedule

Officers and Directors

TITLE

S/D

NAME

Robert Perricone

STREET ADDRESS

307 Collfield Avenue

CITY ST. ZIP

Staten Island, N.Y. 10314

