

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90052 020 ****61.25

DOCUMENT # 726936

1. Entity Name

TIVOLI BY THE SEA ASSOCIATION INC



Principal Place of Business

Mailing Address

625 BEACH RD.
SARASOTA FL 34242

625 BEACH RD.
SARASOTA FL 34242



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

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

7. Name and Address of New Registered Agent

Name

NH Business Services, Inc.

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

2070 NELSON HESSE

2070 RINGLING BLVD.

City

SARASOTA

FL

Zip Code

34237

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

Over Company as President of NH Business Services, Inc. 01/26/07
OMER CAUSEY

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	SD	<input type="checkbox"/> Delete
NAME	PERRICONE, ROBERT	
STREET ADDRESS	307 COLLFIELD AVE	
CITY- ST- ZIP	STATEN ISLAND NY 10314	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH DOCTOR	
STREET ADDRESS	625 BEACH RD.	
CITY- ST- ZIP	SARASOTA, FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROOM, JERRY	
STREET ADDRESS	625 BEACH RD	
CITY- ST- ZIP	SARASOTA, FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, DAVID	
STREET ADDRESS	7131 WHITE WATER CT.	
CITY- ST- ZIP	DAYTON, OH 4540	
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 exemptions contained in Section 119, 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:

Mary Anne Leonetti MARY ANNE LEONETTI 2-06-07 (941)349-5544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Device Phone #