

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 757373**

1. Entity Name

TIVOLI HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

572 TIVOLI DRIVE  
JACKSONVILLE, FL 32259

Mailing Address

572 TIVOLI DRIVE  
JACKSONVILLE, FL 32259



02192004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2125449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NAGELSCHMIDT, MARK W  
572 TIVOLI DRIVE  
JACKSONVILLE, FL 32259

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000133009  
04/27/04-80071-019 61.25

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME NAGELSCHMIDT, MARK  
STREET ADDRESS 572 TIVOLI DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE VD  
NAME GULLION, DON  
STREET ADDRESS 615 TIVOLI DR  
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE D  
NAME DAVIS, ELMER  
STREET ADDRESS 545 TIVOLI DR  
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE T  
NAME BUNN, KIM  
STREET ADDRESS 597 TIVOLI DR  
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE S  
NAME VANZANOT, LUCINDA  
STREET ADDRESS 533 TIVOLI DR  
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Mark Nagelschmidt* Mark Nagelschmidt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-04 904-636-3388