


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90284 016 \*\*\*\*61.25

<b>DOCUMENT # 757373</b> 1. Entity Name <b>TIVOLI HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>572 TIVOLI DRIVE JACKSONVILLE, FL 32259</b>			Mailing Address <b>572 TIVOLI DRIVE JACKSONVILLE, FL 32259</b>		
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 <b>59-2125449</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NAGELSCHMIDT, MARK W 572 TIVOLI DRIVE JACKSONVILLE, FL 32259</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<div style="text-align: right;"><b>FL</b></div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NAGELSCHMIDT, MARK</b>		NAME		
STREET ADDRESS	<b>572 TIVOLI DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32259</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GULLION, DON</b>		NAME		
STREET ADDRESS	<b>615 TIVOLI DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32259</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAVIS, ELMER</b>		NAME		
STREET ADDRESS	<b>545 TIVOLI DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32259</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BUNN, KIM</b>		NAME		
STREET ADDRESS	<b>597 TIVOLI DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32259</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VANZANOT, LUCINDA</b>		NAME	<b>S VonZandt, Lucinda</b>	
STREET ADDRESS	<b>533 TIVOLI DR</b>		STREET ADDRESS	<b>533 Tivoli Drive</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32259</b>		CITY-ST-ZIP	<b>Jacksonville, FL 32259</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE: Mark W. Nagelschmidt</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-20-05</b> <small>Date</small>		
			<b>904-636-3388</b> <small>Daytime Phone #</small>		

**20041985**



01202005 Chg-NP CR2E037 (10/03)

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

Name

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

City

**FL**

Zip Code

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE S  
NAME VonZandt, Lucinda  
STREET ADDRESS 533 Tivoli Drive  
CITY-ST-ZIP Jacksonville, FL 32259 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 W. Nagelschmidt**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-05**  
Date

**904-636-3388**  
Daytime Phone #