

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000004039

1. Entity Name
HOME DEVCO/TIVOLI, INC.



Principal Place of Business
**5350 W. ATLANTIC AVENUE
SUITE 100
DELRAY BEACH, FL 33484**

Mailing Address
**5350 W. ATLANTIC AVENUE
SUITE 100
DELRAY BEACH, FL 33484**



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1553549

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEINBERG, ANDREW
5350 W ATLANTIC AVE STE 100
DELRAY BEACH, FL 33484**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINBERG, ANDREW 5350 W. ATLANTIC AVE., SUITE 100 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV PACCOCHA, STEPHEN F 5350 W. ATLANTIC AVE., SUITE 100 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWARTZ, RICHARD 5350 W. ATLANTIC AVE., SUITE 100 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

UD00000753181
05/22/07-80011-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen F Pacocha 4/30/2007
VP

Date

Daytime Phone #

561 638-3600