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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am DOCUMENT # N0000005522 **Secretary of State** 02-07-2002 90027 002 ****61.25 TIVOLI OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2955 HARTLEY ROAD STE 108 2955 HARTLEY ROAD STE 108 80018351 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3660998 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATOVINA, GREGORY E Street Address (P.O. Box Number is Not Acceptable) 2955 HARTLEY ROAD STE 108 JACKSONVILLE FL 32257 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. SIGNATURE Stanature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01)TITLE ☐ Delete TITLE Change ☐ Addition MATOVINA, GREGORY E NAME NAME 2955 HARTLEY ROAD STE 108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jacksonville FL 32257 CITY-ST-ZIP ns. ☐ Addition TITLE ☐ Delete TITLE Change matovina. Leslie H STREET ADDRES 2955 Hartley Road Ste 108 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BORSTEIN, DONALD K STREET ADDRESS 2955 HARTLEY ROAD STE 108 STREET ADDRESS CITY-ST-ZIP Jacksonville FL 32257 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

Matorina 1/10/02 904-225-9070 SIGNATURE