


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90006 021 ****61.25

DOCUMENT # N00000005522	
1. Entity Name TIVOLI OWNERS ASSOCIATION, INC.	

Principal Place of Business 14165 WASHBURN CT JACKSONVILLE BEACH, FL 32250	Mailing Address 14165 WASHBURN CT JACKSONVILLE BEACH, FL 32250
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2. Principal Place of Business 14172 Washburn Ct.	3. Mailing Address 14172 Washburn Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville FL	City & State Jacksonville FL
Zip 32250	Zip 32250
Country	Country



07122004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3660998	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LANKFORD, SHERI 14165 WASHBURN CT JACKSONVILLE BEACH, FL 32250	7. Name and Address of New Registered Agent Name Paul Hammond Street Address (P.O. Box Number is Not Acceptable) 14172 Washburn Court City Jacksonville FL Zip Code 32250
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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 **Paul Hammond** **9-13-04**
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 September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LANKFORD, SHERI 14165 WASHBURN CT JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Paul Hammond 14172 Washburn Ct Jacksonville FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RYAN, ERIN 14173 WASHBURN CT JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Angela Lane 14180 Washburn Court Jacksonville FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT REYNOLDS, CARRIE 14165 WASHBURN CT JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT Judy Dicks 14157 Washburn Court Jacksonville FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROGERS, STEPHANIE 14149 WASHBURN CT JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Paul Hammond, Paul Hammond, President** **9-13-04** **904 821-8788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #