# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000005522

1. Entity Name
TIVOLI OWNERS ASSOCIATION, INC.

FILED
06 SEP 29 PM 3:43
SEC. OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06
08312006 REIN-NP CR2E099 (11/05)

| Principal Place of Business | Mailing Address |
|---|---|
| 14172 WASHBURN CT<br>JACKSONVILLE BEACH, FL 32250 | 14172 WASHBURN CT<br>JACKSONVILLE BEACH, FL 32250 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 14148 WASHBURN CT | 14148 WASHBURN CT |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: JACKSONVILLE BEACH FL | City & State: JACKSONVILLE BEACH FL |
| Zip: 32250 Country: USA | Zip: 32250 Country: USA |

4. FEI Number: 59-3660998 — 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 |
|---|---|
| HAMMOND, PAUL<br>14172 WASHBURN COURT<br>JACKSONVILLE BEACH, FL 32250 | Name: Sheri D. Lankford<br>Street Address (P.O. Box Number is Not Acceptable): 14165 Washburn Ct.<br>City: JACKSONVILLE BEACH FL Zip Code: 32250 |

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: Sheri D. Lankford — 9/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $297.50** — **Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE | DP ☒ Delete | TITLE | DP ☐ Change ☒ Addition |
| NAME | HAMMOND, PAUL | NAME | MARY ANDREW |
| STREET ADDRESS | 14172 WASHBURN CT | STREET ADDRESS | 14140 Washburn Ct |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 | CITY-ST-ZIP | JAX FLA 32250 |
| TITLE | DVP ☒ Delete | TITLE | DVP ☐ Change ☒ Addition |
| NAME | LANE, ANGELA | NAME | Lankford, Sheri |
| STREET ADDRESS | 14180 WASHBURN COURT | STREET ADDRESS | 14165 Washburn Ct. |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 | CITY-ST-ZIP | Jacksonville Beach, FL 32250 |
| TITLE | DVT ☒ Delete | TITLE | DS ☐ Change ☒ Addition |
| NAME | DICKS, JUDY | NAME | Deborah Holt |
| STREET ADDRESS | 14157 WASHBURN COURT | STREET ADDRESS | 14164 Washburn Ct. |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 | CITY-ST-ZIP | Jacksonville Beach, FL 32250 |
| TITLE | ☐ Delete | TITLE | DT ☐ Change ☒ Addition |
| NAME | | NAME | Kathleen Bowes |
| STREET ADDRESS | | STREET ADDRESS | 14148 Wasburn Ct. |
| CITY-ST-ZIP | | CITY-ST-ZIP | Jacksonville Bch FL 32250 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | 500080271745 |
| STREET ADDRESS | | STREET ADDRESS | 09/29/06--01005--005 **297.50 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ 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 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 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:** [signature] — 9-25-06 — 904-821-4131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #