

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000005522

1. Entity Name
TIVOLI OWNERS ASSOCIATION, INC.



06 SEP 29 PM 3:43

Principal Place of Business
14172 WASHBURN CT
JACKSONVILLE BEACH, FL 32250

Mailing Address
14172 WASHBURN CT
JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business
14148 WASHBURN CT
Suite, Apt. #, etc.

3. Mailing Address
14148 WASHBURN CT
Suite, Apt. #, etc.



City & State
JACKSONVILLE BEACH FL
Zip 32250 Country USA

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JACKSONVILLE BEACH FL
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

HAMMOND, PAUL
14172 WASHBURN COURT
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent

Name Sheri D. Lankford
Street Address (P.O. Box Number is Not Acceptable)
14165 Washburn Ct.
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 DATE 9/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME HAMMOND, PAUL ☒ Delete
STREET ADDRESS 14172 WASHBURN CT
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE DVP
NAME LANE, ANGELA ☒ Delete
STREET ADDRESS 14180 WASHBURN COURT
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE DVT
NAME DICKS, JUDY ☒ Delete
STREET ADDRESS 14157 WASHBURN COURT
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP MARY ANDREW ☐ Change ☒ Addition
NAME 14140 Washburn Ct
STREET ADDRESS JACK FLA 32250
CITY-ST-ZIP

TITLE DVP ☐ Change ☒ Addition
NAME Lankford, Sheri
STREET ADDRESS 14165 Washburn Ct.
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE DS ☐ Change ☒ Addition
NAME Deborah Holt
STREET ADDRESS 14164 Washburn Ct.
CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE DT ☐ Change ☒ Addition
NAME Kathleen Bowes
STREET ADDRESS 14148 Washburn Ct.
CITY-ST-ZIP Jacksonville Bch FL 32250

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 500080271745
CITY-ST-ZIP 09/29/06--01005--005 **\$297.50

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 an other like empowered.

SIGNATURE: [Signature] Date 9-25-06 Daytime Phone # 904-824-4131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR