2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

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Entity Name: TIVOLI OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

14148 WASHBURN CT
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

14148 WASHBURN CT
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3660998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANKFORD, SHERI D
14165 WASHBURN COURT
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

DICKS, DAVID L
14157 WASHBURN COURT
JACKSONVILLE BEACH, FL 32250 US

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: DAVID L. DICKS 04/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANDREW, MARY
Address: 14140 WASHBURN CT
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VD ( ) Delete
Name: LANKFORD, SHERI D
Address: 14165 WASHBURN COURT
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD ( ) Delete
Name: HOLT, DEBORAH
Address: 14164 WASHBURN COURT
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD (X) Delete
Name: BOWES, KATHLEEN
Address: 14148 WASHBURN CT
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ANDREW, MARY F
Address: 14140 WASHBURN CT
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD (X) Change ( ) Addition
Name: BOWES, KATHLEEN A
Address: 14148 WASHBURN CT
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN A. BOWES TD 04/09/2009
Electronic Signature of Signing Officer or Director Date