

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90003 011 ****61.25

DOCUMENT # N01000005535

1. Entity Name

**TIVOLI RESERVE OF PALM BEACH COUNTY
HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

11045 VIA SORRENTO
BOYNTON BEACH FL 33437

Mailing Address

C/O AKAM SOUTH, INC
11045 VIA SORRENTO
BOYNTON BEACH FL 33437

Approved By



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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

2nd MOORE

CR2E037 (4/06)

4. FEI Number

01-0638779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SAY KLEIN, SACHS P.A.
301 YAMATO RD.
#4150
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name Akam-On-Site Inc.

Street Address (P.O. Box Number is Not Acceptable)

6021 Congress Ave.

Ste 110

City Boca Raton

FL

Zip Code 33487

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LOCOPO, JOHN 7908 VIA GRANDE BOYNTON BEACH FL 33437 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD BECKERMAN, ELLIOT 7603 VIA GRANDE BOYNTON BEACH FL 33437 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD APPELBAUM, ROBERT 7603 VIA GRANDE BOYNTON BEACH FL 33437 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD HIBSHER, PEARL 11014 VIA LUCCA DELRAY BEACH FL 33484 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SAMDPERIL, ALBERT 7579 VIA GRANDE DELRAY BEACH FL 33484 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD EDWIN, SAMUEL 8011 VIA GRANDE DELRAY BEACH FL 33484 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD Kluger, Brenda 7933 Via Grande Boynton Beach, FL 33437 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Kangmar, Marly 11024 Via San Romo Boynton Beach, FL 33437 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD Applebaum, Robert 7603 Via Grande Boynton Beach, FL 33437 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD Simons, Marcie 7735 Via Grande Boynton Beach, FL 33437 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD Samperil, Albert 7579 Via Grande Boynton Beach, FL 33437 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Samuel, Edwin 8011 Via Grande Boynton Beach, FL 33437 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Brenda Kluger