

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90055 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

4000571b



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01032007 Chg-NP CR2E037 (12/06)

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

ALCAM -ON-SITE, INC.
6421 CONGRESS AVE
SUITE 110
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2007

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 PD
NAME KLUGERMAN, BRENDA
STREET ADDRESS 7933 VIA GRANDE
CITY-ST-ZIP BOYNTON BEACH, FL 33437 ☐ Delete

TITLE D
NAME KANZMAR, MARTY
STREET ADDRESS 11029 VIA SAN REMO
CITY-ST-ZIP BOYNTON BEACH, FL 33437 ☐ Delete

TITLE VP
NAME APPELBAUM, ROBERT
STREET ADDRESS 7603 VIA GRANDE
CITY-ST-ZIP BOYNTON BEACH, FL 33437 ☒ Delete

TITLE TD
NAME SIMONS, MARCIA
STREET ADDRESS 7735 VIA GRANDE
CITY-ST-ZIP BOYNTON BEACH, FL 33437 ☐ Delete

TITLE SD
NAME SAMDPERIL, ALBERT
STREET ADDRESS 7579 VIA GRANDE
CITY-ST-ZIP DELRAY BEACH, FL 33484 ☒ Delete

TITLE D
NAME EDWIN, SAMUEL
STREET ADDRESS 8011 VIA GRANDE
CITY-ST-ZIP DELRAY BEACH, FL 33484 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP
NAME Simons, Marcia
STREET ADDRESS 7735 Via Grande
CITY-ST-ZIP Boynton Beach, FL 33437 ☒ Change ☐ Addition

TITLE SD
NAME Joe Parte
STREET ADDRESS 11036 Via Amaldi
CITY-ST-ZIP Boynton Beach, FL 33437 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #