

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007909

FILED
Mar 30, 2004
Secretary of State**Entity Name:** TIVOLI WOODS SERVICE ASSOCIATION, INC.**Current Principal Place of Business:**SENTRY MANAGEMENT INC.
2180 WEST SR 434, STE. 5000
LONGWOOD, FL 327795044**New Principal Place of Business:****Current Mailing Address:**SENTRY MANAGEMENT INC.
2180 WEST SR 434, STE. 5000
LONGWOOD, FL 327795044**New Mailing Address:****FEI Number:** 02-0573281**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W. SR 434, STE. 500
LONGWOOD, FL 32779 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SEIDEN, MELVIN B
Address: %MORTON GROUP, 15340 JOG RD STE 200
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: MORTON, MICHAEL
Address: %MORTON GROUP, 15340 JOG RD STE 200
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: ABEL, MARTIN J
Address: %MORTON GROUP, 15340 JOG RD STE 200
City-St-Zip: DELRAY BEACH, FL 33446

Title: D (X) Delete
Name: BANTA, J. SCOTT
Address: %MORTON GROUP, 15340 JOG RD STE 200
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SEIDEN, MELVIN B
Address: PO BOX 520021
City-St-Zip: LONGWOOD, FL 32752

Title: VPD (X) Change () Addition
Name: MORTON, MICHAEL
Address: PO BOX 520021
City-St-Zip: LONGWOOD, FL 32752

Title: PD (X) Change () Addition
Name: MORTON, KEVIN
Address: PO BOX 520021
City-St-Zip: LONGWOOD, FL 32752

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEVIN MORTON

PD

03/30/2004

Electronic Signature of Signing Officer or Director

Date