

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007909

FILED  
Mar 21, 2005  
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: TD ( ) Delete  
Name: SEIDEN, MELVIN B  
Address: PO BOX 520021  
City-St-Zip: LONGWOOD, FL 32752

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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

03/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date