2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# N01000007909

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: PD ( ) Delete
Name: CHRISTOPHER, TIM
Address: 4840 ADAIR OAK DR
City-St-Zip: ORLANDO, FL 32829

Title: VPD ( ) Delete
Name: ORTIZ, LUIS
Address: 9917 OAK CREST RD
City-St-Zip: ORLANDO, FL 32829

Title: STD ( ) Delete
Name: FLORAN, FRANKY
Address: 5033 SWEET CEDAR CIR
City-St-Zip: ORLANDO, FL 32829

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: ORTIZ, LUIS
Address: 9917 OAK CREST RD
City-St-Zip: ORLANDO, FL 32829

Title: VPD (X) Change ( ) Addition
Name: ROSARIO, J.R.
Address: 8820 VENEZIA PLANTATION DR
City-St-Zip: ORLANDO, FL 32829

I hereby certify that the information supplied with this filing does not qualify for the 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: TIM CHRISTOPHER PD 04/04/2007

Electronic Signature of Signing Officer or Director — Date