

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007909

FILED
Jan 13, 2008
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:

PROPERTY FIRST, INC.
221 WALTON HEATH DRIVE
ORLANDO, FL 32828

Current Mailing Address:

SENTRY MANAGEMENT INC.
2180 WEST SR 434, STE. 5000
LONGWOOD, FL 327795044

New Mailing Address:

PROPERTY FIRST INC.
P.O. BOX 4656
WINTER PARK, FL 32793

FEI Number: 02-0573281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PROPERTY FIRST, INC.
221 WALTON HEATH DRIVE
ORLANDO, FL 32828 US

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: BETH PALMER

01/13/2008

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

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

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 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

01/13/2008

Electronic Signature of Signing Officer or Director

Date