2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 01, 2009
Secretary of State

DOCUMENT# N01000007909

Entity Name: TIVOLI WOODS SERVICE ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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:

PROPERTY FIRST, INC.
221 WALTON HEATH DRIVE
2180 W. SR 434, STE. 500
ORLANDO, FL 32828 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: MAPILI, BERNIE
Address: 4780 ADAIR OAK DR
City-St-Zip: ORLANDO, FL 32829

Title: SD ( ) Delete
Name: GONZALEZ, AIDA
Address: 4854 WALNUT RIDGE DRIVE
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: STD (X) Change ( ) Addition
Name: MAPILI, BERNIE
Address: 4780 ADAIR OAK DR
City-St-Zip: ORLANDO, FL 32829

Title: PD (X) Change ( ) Addition
Name: GONZALEZ, AIDA
Address: 4854 WALNUT RIDGE DRIVE
City-St-Zip: ORLANDO, FL 32829

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: AIDA GONZALEZ PD 06/01/2009

Electronic Signature of Signing Officer or Director — Date