

N01000008452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

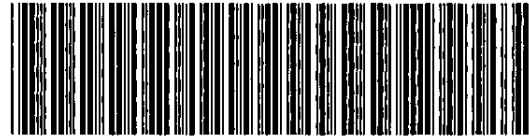
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RA change

OCT -9 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tivoli Resident's Association
Name of Corporation

DOCUMENT NUMBER: N01000008452

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan D. Sykes

Name of Contact Person

GRS Management Associates

Firm/Company

3900 Woodlake Dr. #309

Address

Lake Worth, FL 33463

City/State and Zip Code

ssykes@grsmgt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Sykes

Name of Contact Person

at 239 561-9160X310

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEP 24 2012

September 18, 2012

SUSAN D. SYKES
GRS MANAGEMENT ASSOCIATES
3900 WOODLAKE DR. #309
LAKE WORTH, FL 33463

SUBJECT: TIVOLI RESIDENTS' ASSOCIATION, INC.
Ref. Number: N01000008452

We have received your document for TIVOLI RESIDENTS' ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 012A00023404

RECEIVED
12 OCT -9 AM 8:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tivoli Residents' Association, Inc.
2. The principal office address: 3900 Woodlake Blvd Ste 309
Lake Worth, FL 33463
3. The mailing address (if different): _____

4. Date of incorporation/qualification: December 3, 2001 Document number: N01000008452

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Associa Gulf Coast

12650 Whitehall Drive

Fort Myers, FL 33907

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Goede & Adamczyk, PLLC

8950 Fontana Del Sol Way, Ste 100

P.O. Box NOT acceptable

Naples, FL 34109

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Margaret Lotz Pres
Signature of an officer or director

MARGARET LOTZ PRES
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

10/3/12
Date

If signing on behalf of an entity:

Brian Cross
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E04S (03/12)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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