

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006038

FILED
Mar 13, 2006
Secretary of State

Entity Name: TIVOLI WOODS VILLAGE B HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 13-4206695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W
2180 WEST SR 434
SUITE 5000
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
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: PD (X) Change () Addition
Name: ORTIZ, LUIS A
Address: 9917 OAK CREST RD
City-St-Zip: ORLANDO, FL 32829

Title: VPD (X) Change () Addition
Name: WERNER, ERIC J
Address: 9808 TIVOLI CHASE DR
City-St-Zip: ORLANDO, FL 32829

Title: SD (X) Change () Addition
Name: ORTIZ, JENNIFER J
Address: 5278 WALNUT RIDGE 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: LUIS A ORTIZ

PD

03/13/2006

Electronic Signature of Signing Officer or Director

Date