NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91520 022 ****61.25

DOCUMENT # N02000006038

1. Entity Name
TIVOLI WOODS VILLAGE B HOMEOWNERS ASSN INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD FL 32779-5044

3. Mailing Address
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD FL 32779-5044

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4206695
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
JAMES W HART JR
SENTRY MANAGEMENT INC.
2180 W SR 434 STE 5000
LONGWOOD FL 32779

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 4/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martin J. Abel c/o Morton Group 15340 Jog Road, Suite 200 Delray Beach, Florida 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Melvin B. Seiden c/o Morton Group 15340 Jog Road, Suite 200 Delray Beach, Florida 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Morton c/o Morton Group 15340 Jog Road, Suite 200 Delray Beach, Florida 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. Scott Banta c/o Morton Group 15340 Jog Road, Suite 200 Delray Beach, Florida 33446
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CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ J Scott Banta 3/28/03 407-947-9722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #