2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006067

FILED Mar 24, 2009 Secretary of State

Entity Name: THE SANCTUARY AT TIVOLI WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 W SR 434 22 W. MONUMENT AVE. **SUITE 5000** SUITE 1 LONGWOOD, FL 32779 KISSIMMEE, FL 34741 **Current Mailing Address: New Mailing Address:** 2180 W SR 434 22 W. MONUMENT AVE. SUITE 5000 SUITE 1 LONGWOOD, FL 32779 KISSIMMEE, FL 34741 FEI Number: 11-3646906 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: DUTTON, KARIN 22 W. MONUMENT AVE STE 1 KISSIMMEE, FL 34741 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MOHUN, PETER Name: Name: 5014 QUALITY TRL Address: Address: City-St-Zip: ORLANDO, FL 32829 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition CHRISTOPHER, TIMOTHY Name: CAMPION, MARK Name: Address: 4840 ADAIR OAK DR Address: 9519 WORTHINGTON RIDGE RD. City-St-Zip: ORLANDO, FL 32829 City-St-Zip: ORLANDO, FL 32829 Title: () Delete Title: () Change () Addition ALCAIDINHO, JOSEPH L Name: Name: 9535 WORTHINGTON RIDGE RD Address: Address: City-St-Zip: ORLANDO, FL 32829 City-St-Zip: Title: TD () Delete Title: **TRES** (X) Change () Addition Name: MAPILI, BERNIE Name: MAPILI, BERNIE 4780 ADAIR OAK DR Address: Address: 4780 ADAIR OAK DR City-St-Zip: ORLANDO, FL 32829 City-St-Zip: ORLANDO, FL 32829 Title: () Delete Title: SEC (X) Change () Addition FUDALI, ROBIN FUDALI, ROBIN Name: Name: 5158 ADAIR OAK DR 5158 ADAIR OAK DR Address: Address: City-St-Zip: ORLANDO, FL 32829 City-St-Zip: ORLANDO, FL 32829

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: KARIN DUTTON CAM 03/24/2009