2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 20, 2006
Secretary of State

DOCUMENT# N02000009502

Entity Name: TIVOLI MANOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVENUE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVENUE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 54-2092719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VANDERVLIET, AMANDA M
882 JACKSON AVENUE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

MALCOM, THOMAS D
882 JACKSON AVENUE
WINTER PARK, FL 32789 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: THOMAS D. MALCOM 11/20/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: PORTER, FRANK
Address: 224 TIVOLI CIRCLE
City-St-Zip: DAVENPORT, FL 33837

Title: PD ( ) Delete
Name: DENNIS, PENNELS
Address: 386 TIVOLI CIRCLE
City-St-Zip: DAVENPORT, FL 33837

Title: STD ( ) Delete
Name: FINDLEY, JUNE
Address: 366 TIVOLI CIRCLE
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PENNELS, DAVID
Address: 386 TIVOLI CIRCLE
City-St-Zip: DAVENPORT, FL 33837

Title: VPD (X) Change ( ) Addition
Name: NEWMAN, PATRICIA
Address: 284 TIVOLI CIRCLE
City-St-Zip: DAVENPORT, FL 33837

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JUNE FINDLEY STD 11/20/2006
Electronic Signature of Signing Officer or Director Date