2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
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:

MALCOM, THOMAS D
882 JACKSON AVENUE
WINTER PARK, FL 32789 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: PD ( ) Delete
Name: NEWMAN, PATRICIA
Address: 234 TIVOLI CIRCLE
City-St-Zip: DAVENPORT, FL 33837

Title: SD ( ) Delete
Name: NICHOLSON, AMANDA
Address: 387 TIVOLI CIRCLE
City-St-Zip: DAVENPORT, FL 33837

Title: VPD ( ) Delete
Name: NICHOLSON, DAVE
Address: 387 TIVOLI CIRCLE
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: NEWMAN, PATRICIA
Address: 234 TIVOLI CIRCLE
City-St-Zip: DAVENPORT, FL 33837

Title: STD (X) Change ( ) Addition
Name: NICHOLSON, AMANDA
Address: 387 TIVOLI CIRCLE
City-St-Zip: DAVENPORT, FL 33837

Title: PD (X) Change ( ) Addition
Name: NICHOLSON, DAVE
Address: 387 TIVOLI CIRCLE
City-St-Zip: DAVENPORT, FL 33837

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: DAVID NICHOLSON PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date