2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State
02-12-2004 90036 026 ****61.25

DOCUMENT # N03000002549

1. Entity Name
TIVOLI LAKES OF PALM BEACH COUNTY HOMEOWNERS ASSOCIATION, INC.

94014875

Principal Place of Business	Mailing Address
15340 JOG RD., SUITE 100 DELRAY BCH, FL 33484	15340 JOG RD., SUITE 100 DELRAY BCH, FL 33484

01272004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
5350 W. atlantic ave.	5350 W. atlantic ave.
Suite, Apt. #, etc. 101	Suite, Apt. #, etc. 101
City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33484 Country	Zip 33484 Country

4. FEI Number 20-066-5718 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEINBERG, ANDREW 15340 JOG RD., SUITE 100 DELRAY BCH, FL 33484	Name Steinberg, Andrew Street Address (P.O. Box Number is Not Acceptable) 5350 W. Atlantic Ave. suite 101 City Delray Beach FL Zip Code 33484

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	PD	☑ Change ☐ Addition
NAME	STEINBERG, ANDREW		NAME	Steinberg, Andrew	
STREET ADDRESS	15340 JOG RD., SUITE 100		STREET ADDRESS	5350 W. Atlantic Ave. Suite 101	
CITY-ST-ZIP	DELRAY BCH, FL 33484		CITY-ST-ZIP	Delray Beach FL 33484	
TITLE	VTD	☐ Delete	TITLE	VTD	☑ Change ☐ Addition
NAME	SWARTZ, RICHARD A		NAME	Swartz, Richard A.	
STREET ADDRESS	15340 JOG RD., SUITE 100		STREET ADDRESS	5350 W. Atlantic Ave. Suite 101	
CITY-ST-ZIP	DELRAY BCH, FL 33484		CITY-ST-ZIP	Delray Beach, FL 33494	
TITLE	SD	☐ Delete	TITLE	SD	☑ Change ☐ Addition
NAME	PACOCHA, STEPHEN F		NAME	Pacocha, Stephen F.	
STREET ADDRESS	15340 JOG RD., SUITE 100		STREET ADDRESS	5350 W. Atlantic Ave. Suit 101	
CITY-ST-ZIP	DELRAY BCH, FL 33484		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Secretary 2-5-04 561 638 3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #