

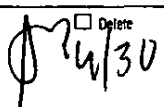
**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

08 APR 30 AM 6:14

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02132008 Chg-NP CR2E037 (12/06)

DOCUMENT # N03000002549					
1. Entity Name TIVOLI LAKES OF PALM BEACH COUNTY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 10135 TIVOLI LAKES BLVD BOYNTON BEACH, FL 33437			Mailing Address P.O. BOX 559009 FORT LAUDERDALE, FL 33355-9009		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0665718	
				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		
ST. JOHN, CORE & LEMME, P.A. CENTURION TOWER, SUITE 701 1601 FORUM PLACE WEST PALM BEACH, FL 33401			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P BERKOWITZ, LANCE 6867 CAVIRO LANE BOYNTON BEACH, FL 33437	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODKIN, STUART 6970 ANTINORI LANE BOYNTON BEACH, FL 33437	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANGER, SHERMAN A 6872 ANTINORI LANE BOYNTON BEACH, FL 33437	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROUTMAN, LLOYD 10428 TIVOLI LAKES BLVD BOYNTON BEACH, FL 33437	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUER, SUZANNE 6955 FABIANO CIRCLE BOYNTON BEACH, FL 33437	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIVIAT, RANDALL 6974 CAVIRO LANE BOYNTON BEACH, FL 33437	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FELDMAN, JEROME 6951 BOSCANI DRIVE BOYNTON BEACH, FL 33437	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, JEFFREY 6884 ADRIANO DRIVE BOYNTON BEACH, FL 33437	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, BERRY 7051 BOSECANI DRIVE BOYNTON BEACH, FL 33437	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, MICHAEL 6958 BOSCANI DRIVE BOYNTON BEACH, FL 33437	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 to an address, with all other like empowered.					
SIGNATURE:  STUART RODKIN 3/31/08 861-374-8866					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					