FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 10: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12352 (3)

1. Corporation Name
TIVOLI PARK MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
215 N. EOLA DRIVE 1000 N ORLANDO AVE ORLANDO FL 32801	215 N. EOLA DRIVE 1000 N ORLANDO AVE ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/27/1985
3a. Date of Last Report: 04/27/1994
4. FEI Number: 06-1111792 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

FILDES, RICHARD J., ESQ
215 N EOLA DR
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PICERNE, ROBERT M.	1.2 NAME	
STREET ADDRESS	1000-A N. ORLANDO AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	ERICH, JACK	2.2 NAME	
STREET ADDRESS	1000-A N. ORLANDO AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GASSENHEIMER, E, HAROLD	3.2 NAME	
STREET ADDRESS	450 SW 88TH TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	REHBERG, LEE	4.2 NAME	
STREET ADDRESS	690 TRACE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL	4.4 CITY-ST-ZIP	
TITLE	DVP	5.1 TITLE	DVP ☒ Change ☐ Addition
NAME	DONAHUE, THOMAS R	5.2 NAME	Edward C Wernecke
STREET ADDRESS	1000 N. ORLANDO AVE SUITE A	5.3 STREET ADDRESS	1000 N. Orlando Ave. Suite A
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	Winter Park, FL
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MITCHEL, ALLISON	6.2 NAME	
STREET ADDRESS	920 RICH DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-20-95 (407) 629-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #

0003472