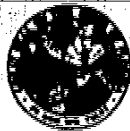


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

**215 N. EOLA DRIVE
1000 N ORLANDO AVE
ORLANDO FL 32801**

Mailing Address

**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

06-111792

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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
PICERNE, ROBERT M.
1000-A N. ORLANDO AVE.
WINTER PARK FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
ERICH, JACK
1000-A N. ORLANDO AVE.
WINTER PARK FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
GASSENHEIMER, E, HAROLD
450 SW 88TH TERR
PEMBROKE PINES FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
REHBERG, LEE
890 TRACE DR.
DEERFIELD BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DVP
DONAHUE, THOMAS R
1000 N. ORLANDO AVE SUITE A
WINTER PARK FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
MITCHEL, ALLISON
920 RICH DRIVE
DEERFIELD BEACH FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95

Date

(407) 629-6600

Officer's Name