FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: 11/27/1985
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business	2a. Mailing Address
21 PRIME MANAGEMENT GROUP INC	26 PRIME MANAGEMENT GROUP, INC.
Suite, Apt. #, etc. 22 6300 PARK OF COMMERCE BLVD.	Suite, Apt. #, etc. 27 6300 PARK OF COMMERCE BLVD.
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON, FL.
Zip / Country 24 33487 / 25 USA	Zip / Country 29 33487 / 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: MYRON SWATT
82 Street Address (P.O. Box Number is Not Acceptable): 6300 PARK OF COMMERCE BLVD.
83 BOCA RATON, FL 33487
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE: 4/29/96
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	☐ DELETE	1.1 TITLE	PRESIDENT – D	☑ Change ☐ Addition
NAME	PICERNE, ROBERT M.		1.2 NAME	LINDA PAOLO	
STREET ADDRESS	1000-A N. ORLANDO AVE.		1.3 STREET ADDRESS	1023 S. HIAWASSEE RD. STE. 4018	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	TD	☑ DELETE	2.1 TITLE	VICE PRESIDENT – D	☑ Change ☐ Addition
NAME	ERICH, JACK		2.2 NAME	ELAINE HOSNLDL	
STREET ADDRESS	1000-A N. ORLANDO AVE.		2.3 STREET ADDRESS	567 TRACE CIRCLE #202	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	D	☐ DELETE	3.1 TITLE	TREASURER – D	☑ Change ☐ Addition
NAME	GASSENHEIMER, E, HAROLD		3.2 NAME	DREW GEHGAN	
STREET ADDRESS	450 SW 88TH TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE	JILLYN FELDMAN – D SECRETARY	☑ Change ☐ Addition
NAME	REHBERG, LEE		4.2 NAME		
STREET ADDRESS	890 TRACE DR.		4.3 STREET ADDRESS	993 SPRING CIRCLE AT TIVOLI	
CITY-ST-ZIP	DEERFIELD BCH. FL		4.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	DVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WERNECKE, EDWARD L.		5.2 NAME		
STREET ADDRESS	1000 N. ORLANDO AVE SUITE A		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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		

CR2E037 (12/95)

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: Elaine L Hosnedl — 4/30/96 — 954-481-8619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #