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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
PRIME MANAGEMENT GROUP INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 US	PRIME MAMAGEMANT GROUP INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487-8229 US

3. Date Incorporated or Qualified: 11/27/1985
3a. Date of Last Report: 05/01/1996

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

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

MYRON SWATT
63 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PAOLA, LINDA		1.2 NAME	Elaine Hosnedl	
STREET ADDRESS	1023 S. HIAWASSEE RD. STE 4018		1.3 STREET ADDRESS	4884 Comparelli Blvd	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Boynton Bch FL 33426	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	HOSNEDL		2.2 NAME	Doreen Peterson c/o Landmarks @ Tivoli	
STREET ADDRESS	567 TRACE CIRCLE #202		2.3 STREET ADDRESS	900 Tivoli Terrace	
CITY-ST-ZIP	DEERFIELD FL		2.4 CITY-ST-ZIP	Deerfield Bch FL 33441	
TITLE	T	☒ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	GEHGAN, DREW		3.2 NAME	Linda Paolo/Chris Pacello c/o Siesta Key Apt.	
STREET ADDRESS	450 SW 88TH TERR		3.3 STREET ADDRESS	603 Siesta Key Cr.	
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP	Deerfield Bch. FL. 33441	
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	FELDMAN, JILLYN		4.2 NAME	Tivoli Springs	
STREET ADDRESS	993 SPRING CIRCLE ST.		4.3 STREET ADDRESS	993 Spring Cr.	
CITY-ST-ZIP	DEERFIELD FL		4.4 CITY-ST-ZIP	Deerfield Bch FL. 33441	
TITLE		☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME			5.2 NAME	Gail Garrone c/o Tivoli Terrace	
STREET ADDRESS			5.3 STREET ADDRESS	920 Rich Dr.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Deerfield Bch FL. 33441	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 _____ 4/9/97