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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12352 (3)

1. Corporation Name
TIVOLI PARK MASTER ASSOCIATION, INC.



Principal Place of Business PRIME MANAGEMENT GROUP INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 US	Mailing Address PRIME MANAGEMENT GROUP INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 US
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3. Date Incorporated or Qualified 11/27/1985
4. FEI Number 06-1111792
Applied For ☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOSNEDL, ELAINE 1989 COMPANELLI BLVD BOYNTON BEACH FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PETERSON, DOREEN 900 TIYAI TERRACE DEERFIELD BEACH FL	☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAOLO, LINDA 603 SIESTA KEY CR DEERFIELD BEACH FL	☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRINGS, TIYOLI 993 SPRING CR DEERFIELD BEACH FL	☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRONE, GALL 920 RICH DR DEERFIELD BEACH FL	☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jody	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Adriana Anteparav VPD ☒ Change ☐ Addition 900 Tivoli Terr Deerfield Bch, FL
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Suzette Silva T ☒ Change ☐ Addition 603 Siesta Key Circle Deerfield Bch, FL
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Lynn LaPorte D ☒ Change ☐ Addition 993 Spring Circle Deerfield Bch, FL
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Shirley Rose D ☒ Change ☐ Addition 920 Rich Dr Deerfield Bch, FL
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Jody Bezek Director ☐ Change ☒ Addition 602 Anderson Circle Deerfield Bch, FL

14. I 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: ELAINE HOSNEDL 4-8-98

CR2E037 (10/97)