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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12352

1. Corporation Name

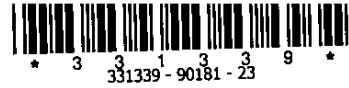
TIVOLI PARK MASTER ASSOCIATION, INC.

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



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

3. Date Incorporated or Qualified

11/27/1985

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

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 PD ☐ DELETE

NAME HOSNEDL, ELAINE
STREET ADDRESS 1989 COMPANELLI BLVD
CITY-ST-ZIP BOYNTON BEACH FL

TITLE VPD ☐ DELETE

NAME ANTEPARA, ADRIANA
STREET ADDRESS 900 TIVOLI TERR
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE T ☐ DELETE

NAME SILVA, SUZETTE
STREET ADDRESS 603 SIESTA KEY CR
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE D ☐ DELETE

NAME LAPORTE, LYNN
STREET ADDRESS 993 SPRING CR
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE D ☐ DELETE

NAME ROSE, SHIRLEY
STREET ADDRESS 920 RICH DR
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE D ☒ DELETE

NAME BEZEK, JODY
STREET ADDRESS 802 ANDERSON CIR
CITY-ST-ZIP DEERFIELD BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED, Hosnedl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/99

CR2E037-(1/98)