2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State
03-09-2006 90163 046 ****61.25

DOCUMENT # N12352

1. Entity 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 US

01262006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Swift Management & Solutions	Swift Management & Solutions
Suite, Apt. #, etc. 1750 University Dr. #205	Suite, Apt. #, etc. 1750 University Dr. #205
City & State Coral Springs, FL 33071	City & State Coral Springs, FL 33071
Zip / Country	Zip / Country

4. FEI Number 06-1111792 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MYRON SWATT 63 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487	Name Swift Management & Solutions Street Address (P.O. Box Number Is Not Acceptable) 1750 University Dr. #205 City Coral Springs, FL 33071 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 1/30/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COPELAND, BEVERLY		NAME		
STREET ADDRESS	603 SIESTA KEY CR		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BATMASIAN, MARTA		NAME		
STREET ADDRESS	215 N FEDERAL HWY		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/27/06 9543416377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #