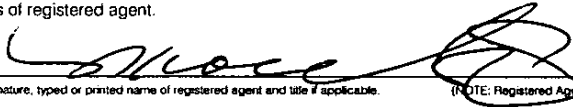
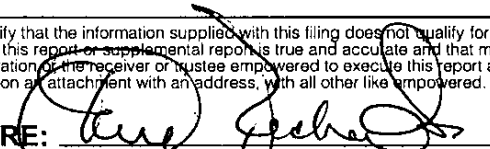


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 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 Suite, Swift Management & Solutions 1750 University Dr. #205 City & State Coral Springs, FL 33071 Zip Country		3. Mailing Address Suite, Swift Management & Solutions 1750 University Dr. #205 City & State Coral Springs, FL 33071 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 MYRON SWATT 63 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Street Address Swift Management & Solutions 1750 University Dr. #205 City Coral Springs, FL 33071 Zip Code FL	
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  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 NAME COPELAND, BEVERLY STREET ADDRESS 603 SIESTA KEY CR CITY-ST-ZIP DEERFIELD BEACH, FL 33441	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME BATMASIAN, MARTA STREET ADDRESS 215 N FEDERAL HWY CITY-ST-ZIP BOCA RATON, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date 2/27/06 Daytime Phone # 954346377	