FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

19963-15-91

Secretary of State

Secretary of State

CORPORATIONS

| DOCU 1. Corporatio | IMENT # N1595 | 55 (0) | | | |
|--|--|---|-------------------------------------|--|--|
| TIVOLI TRACE CONDOMINIUM ASSOCIATION, INC. | | | | | |
| 11100 | I THACE CONDOMINION A | SSOCIATION, INC. | | | DE BOIT BEBUT BUBLE BODE BODE BODE BEBUT BEBUT |
| Principal Place of Business Mailing Address | | | | | |
| 0/0 5/10005 1/4/1 | | | | | |
| C/O ENCORE M&M C/O ENCORE M&M 1080 NW 1ST AVE. 1080 NW 1ST AVE. | | | | | |
| BOCA RATO | ON FL 33432 | BOCA RATON FL 3343 | 32 | Date Incorporated or Qualified | 20 Data of Loss David |
| | | | | 07/18/1986 | 3a. Date of Last Report 08/14/1995 |
| · · | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 26 Suite, Apt. #, etc. | | 26 | | 59-2676943 | Not Applicable |
| 22 Suite, Apr. | . #, etc. | Suite, Apt #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| | City & State City & State | | 71144 | | Fee Required |
| 23 | | 28 | | Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees |
| Zip | Country | Ζιρ | Country | This corporation has liability for it | |
| 24 | 25 | 29 | 30 | Florida Statutes | ☐ Yes ☐ No |
| | 9. Name and Address of Currer | nt Registered Agent | | 10. Name and Address of New R | egistered Agent |
| B1 Name | | | | | |
| PRIME MANG. GROUP, INC. 1051 S. ROGERS CIRCLE 82 Street Ad Ireas (P.O. Box Number is Not Acceptable) | | | | | |
| 1080 NW 1ST AVENUE | | | | | |
| ľ | RATON FL 33487 | | | | |
| | 1 1 1 0 1 1 E 00 70 7 | | 84 City | | FL 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 617.0502 | and 617, 1508, Florida Statute | es, the above named corp | poration submits this statement for the pur | |
| familiar w | ith, and accept the obligations of, Sect | ga. Such change was authorizi ion 617.0503, Florida Statutes | ed by the corporation's bo | poration submits this statement for the pur pard of directors. I hereby accept the appo | pintment as registered agent. I am |
| SIGNATURE | | | | | |
| 12. | Signature, types or protect name of registered again and stood again able (Notife OFFICERS AND DIRECTORS | | IE: Registereo Agent signature requ | | DATE |
| TIFLE | D OFFICERS AIN | DELETE | 13. | ADDITIONS/CHANGES TO OFFI | ICERS AND DIRECTORS IN 12 |
| NAME | HOSNEDL CYNTHIA | J. Detter. | 1.2 NAME | ELAINE E. HOSNED SUI TIVOLI TRACE E DeeRfield Bah. Fu | L □ Change □ Addition |
| STREET ADDRESS | 588 TRACE CIRCLE | | 1 3 STREET ADDRESS | 567 TIVOLI TRACE C | Acte a |
| CITY - ST - ZIP | DEERFIELD BEACH FL | | 14 CITY-ST-ZIP | DeeRheld Bah Fu | PRes |
| TITLE | PD | DELETE | 2 1 TITLF | Kish Skinner | Change Addition |
| NAME | CHEYNE, JIM | | 2.2 NAME | | _ |
| STREET ADDRESS | 522 TRACE CIRCLE | | Z O DI NECT MEDITEGO | 567 TiVOLI TRACE | CIMAIR |
| CITY - ST - ZIP TITLE | DEERFIELD BEACH FL | | 2 4 CHY-SI-ZIP | Deepfield Ban F | L DIR. |
| NAME | VALLONE COCINO | □ CLETE | 3 1 TITLE | MARIAN MAKENA | Change Addition |
| STREET ADDRESS | VALLONE COSIMO 610 TRACE CIRCLE | | 3.2 NAME | | Cikole. |
| CITY - ST - ZIP | DEERFIELD BEACH FL | | 33 STREET ADDRESS | 7-40:11 7.4 | 6 2.4 |
| TITLE | SD SD | DELETE | 3.4. CITY - ST - ZIP 4.1 TITLE | MEENTICIA DON ! | Change Addition |
| NAME | CALABRESE, MARY | - | 4 2 NAME | Deenfield Bob 1 Karen Esler 523 Tivoli Trage | Fig. cuands |
| STREET ADDRESS | 632 TRACE CIRCLE | | 4 3 STREET ADDRESS | 523 Tivoli TRAGE | . CIROLE. |
| CITY-ST-ZIP | DEERFIELD BEACH FL | | 4.4.011Y-ST-ZIP | Deed Sield Bah F | L. DIR |
| TITLE | TD | DELETE | 5 1 TIFLE | Deenfield Beh F MARYbell CLINE 567 Tivoli TRAGE | Change Addition |
| NAME CINCLIADORECO | REHBER LEE | | 5.2 NAME | Can Tival i TOAA | Cipale. |
| STREET ADDRESS | 522 TRACE CIRCLE | | 5 3 STREET ADDRESS | DOL LIVOR I CANGE | 2,4 |
| CITY - ST - ZIP | DEERFIELD BEACH FL | DELETE | 54 CITY - ST - ZIP | DeeRfield Boh F | L DIK |
| NAME | D Calabrese, Nick | Moereit | 9 11, ft | - | Change |
| STREET ADDRESS | 632 TRACE CIRCLE | | 6.2 NAME | | |
| CITY-SI-ZIP | DEERFIELD BEACH FL | | 63 STREET ADDRESS | | |
| 14 Ldo borob | and the state of t | 21 11 1 51 | 6.4 CITY - ST - ZIP | | |

. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 chapted, or on an attachment with an advess.

SIGNATURE:

ATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 854 429-16/7

CR2E037 (12/95)