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May 08 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15955 (0)

1. Corporation Name

TIVOLI TRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O ENCORE M&M
1080 NW 1ST AVE.
BOCA RATON FL 33432C/O ENCORE M&M
1080 NW 1ST AVE.
BOCA RATON FL 33432-26083. Date Incorporated or Qualified
07/18/19863a. Date of Last Report
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

4. FEI Number
59-2676943Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRIME MGMT. GROUP, INC.
6300 PRK. OF COMMERCE BLVD
BOCA RATON, FL. 3348781 Name MYRON F SWATT
PRIME MANAGEMENT GROUP

82 Street Address (P.O. Box Number is Not Acceptable)

6300 PARK OF COMMERCE BLVD

83 BOCA RATON FL.

84 City

FL

85

Zip Code 33487

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 of registered agent or principal officer and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME HOSNEDL, ELAINE
STREET ADDRESS 567 TIVOLI TRACE CIRCLE
CITY - ST - ZIP DEERFIELD BEACH FLTITLE ☒ DELETE
NAME PD
NAME CHEYNE, JIM
STREET ADDRESS 522 TRACE CIRCLE
CITY - ST - ZIP DEERFIELD BEACH FLTITLE ☒ DELETE
NAME D
NAME SKINNER, TRICH
STREET ADDRESS 567 TIVOLI TRACE CIRCLE
CITY - ST - ZIP DEERFIELD BEACH FLTITLE ☒ DELETE
NAME D
NAME MCKENNA, MARIAN
STREET ADDRESS 523 TIVOLI TRACE CIRCLE
CITY - ST - ZIP DEERFIELD BEACH FLTITLE ☐ DELETE
NAME D
NAME ESLE, KAREN
STREET ADDRESS 523 TIVOLI TRACE CIRCLE
CITY - ST - ZIP DEERFIELD BEACH FLTITLE ☐ DELETE
NAME D
NAME CLINE, MARYBELL
STREET ADDRESS 567 TIVOLI TRACE CIRCLE
CITY - ST - ZIP DEERFIELD BEACH FL1.1 TITLE PD
1.2 NAME CHAYNE SIM
1.3 STREET ADDRESS 522 TIVOLI TRACE CIRCLE + 209
1.4 CITY - ST - ZIP DEERFIELD BEACH FL2.1 TITLE VPD
2.2 NAME MATTHEWS, KEN
2.3 STREET ADDRESS 522 TIVOLI TRACE CIRCLE + 205
2.4 CITY - ST - ZIP DEERFIELD BEACH FL3.1 TITLE SD
3.2 NAME BACH, JULIE
3.3 STREET ADDRESS 522 TIVOLI TRACE CIRCLE
3.4 CITY - ST - ZIP DEERFIELD BEACH FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE D
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

Daytime Phone # 0038938

CR2E037 (9/96)