

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90234 039 ****61.25

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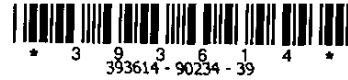
1. Corporation Name

Tivoli Trace Condominium Assoc., Inc.

Principal Place of Business

Mailing Address

*C/O Prime Mgmt. Group Inc.
6500 Park of Commerce Blvd
Boca Raton, Fl. 33487*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <i>7/18/1986</i>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <i>59-2676943</i>	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

*Swatt, Myron A.
Prime Mgmt. Group, Inc.
6300 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
85	Zip Code

FL

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>PO</i>	1.1 TITLE	☐ Change ☐ Addition
NAME	<i>Chayne, Jim</i>	1.2 NAME	
STREET ADDRESS	<i>522 Tivoli Trace Cir 209</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Deerfield Bch., Fl.</i>	1.4 CITY-ST-ZIP	
TITLE	<i>V.P.</i>	2.1 TITLE	☐ Change ☐ Addition
NAME	<i>Mary Bee Cline</i>	2.2 NAME	
STREET ADDRESS	<i>567 Tivoli Trace Circle 103</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Deerfield Bch., Fl.</i>	2.4 CITY-ST-ZIP	
TITLE	<i>LO</i>	3.1 TITLE	☐ Change ☐ Addition
NAME	<i>Julie Bach</i>	3.2 NAME	
STREET ADDRESS	<i>522 Tivoli Trace Circle 206</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Deerfield Bch., Fl.</i>	3.4 CITY-ST-ZIP	
TITLE	<i>LO</i>	4.1 TITLE	☐ Change ☐ Addition
NAME	<i>Karen Esler</i>	4.2 NAME	
STREET ADDRESS	<i>523 Tivoli Trace Circle 208</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Deerfield Bch., Fl.</i>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #