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 Qualifed
21	26	7/18/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2676943 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	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 **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pd	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Cheyne, Jim		1.2 NAME	
STREET ADDRESS	522 Tivoli Trace Cir 209		1.3 STREET ADDRESS	
CITY-ST-ZIP	Deerfield Bch., Fl.		1.4 CITY-ST-ZIP	
TITLE	VPS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Mary Beer. Cline		2.2 NAME	
STREET ADDRESS	567 Tivoli Trace Circle 103		2.3 STREET ADDRESS	
CITY-ST-ZIP	Deerfield Bch., Fl.		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Julie Back		3.2 NAME	
STREET ADDRESS	522 Tivoli Trace Circle 206		3.3 STREET ADDRESS	
CITY-ST-ZIP	Deerfield Bch., Fl.		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Karen Esler		4.2 NAME	
STREET ADDRESS	523 Tivoli Trace Circle 208		4.3 STREET ADDRESS	
CITY-ST-ZIP	Deerfield Bch., Fl.		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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: James C. Cheyne 4/10/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #