NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2002 8:00 am
Secretary of State
06-20-2002 90057 020 ****61.25

DOCUMENT # N15955

1. Entity Name
Tivoli Trace Condominium Assoc

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2. Principal Place of Business	3. Mailing Address
c/o Prime Management	c/o Prime Management
Suite, Apt. #, etc. 6300 Park of Commerce Blvd	Suite, Apt. #, etc. 6300 Park of Commerce Blvd
City & State Boca Raton, Fl	City & State Boca Raton, Fl
Zip 33487 Country US	Zip 33487 Country US

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4. FEI Number 59-2676943 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: PRIME MANAGE. MYRON SWATT
Street Address (P.O. Box Number is Not Acceptable): 6300 PARK OF COMMERCE BLVD
City: BOCA RATON FL Zip Code: 33434

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required where indicated)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARYBELL CLINE 567 TRACE CIR # 103 DEERFIELD BCH, FL 33441
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHRISTIAN PARK 567 TRACE CIR # 221 DEERFIELD BCH, FL 33441
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JULIE GAZAGNAIRE 545 TRACE CIR # 212 DEERFIELD BCH, FL 33441
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CR2E078 (1/2/01)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marybell Cline
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #