

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90416 011 ****61.25

DOCUMENT # N15955 1. Entity Name TIVOLI TRACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O PRIME MGMT GROUP INC 6500 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US				Mailing Address C/O PRIME MGMT GROUP INC 6500 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US	
2. Principal Place of Business 7932 Wiles Road Suite, Apt. #, etc.				3. Mailing Address Benchmark Property Mgmt. 7932 Wiles Road. Suite, Apt. #, etc.	
City & State Coral Springs FL		City & State Coral Springs FL		4. FEI Number 59-2676943	
Zip 33067		Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLINE, MARYBELL 561 TIVOLI TRACE CIR DEERFIELD BEACH, FL 33442				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLINE, MARYBELL 561 TIVOLI TRACE CIRCLE UNIT 103 DEERFIELD BEACH, FL 33442	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. Katz, Robert 655 Trace Circle 102 Deerfield Beach FL 33441	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MROZINSKI, LINDA 522 TIROLI TRACE CIRCLE UNIT 103 DEERFIELD BEACH, FL 33441	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Cline, Marybell 561 Tivoli Trace Circle #103 Deerfield Beach FL 33442	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TRIPLATT, SCOTT 523 TRACE CIR. #107 DEERFIELD BEACH, FL 33441	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas mrozinski, Linda 522 Tivoli Trace Circle Unit 103 Deerfield Beach, FL 33442	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RANTA, ROBERT 545 TRACE CIR. DEERFIELD BEACH, FL 33441	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	director Ribeiro, Nelson 523 Trace Circle 101 Deerfield Beach FL 33441	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR FERRIER, LISA 677 TRACE CIR. 208 DEERFIELD BEACH, FL 33441	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	secretary Sauer, Enigail 522 Trace Circle 203 Deerfield Beach 33442	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Marybell Cline</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-20-06 Date		9544289764 Daytime Phone #