

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90036 011 ****61.25

DOCUMENT # N15955	
1. Entity Name TIVOLI TRACE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 7932 WILES ROAD CORAL SPRINGS, FL 33067 US	Mailing Address C/O BENCHMARK PROPERTY MANAGEMENT 7932 WILES ROAD CORAL SPRINGS, FL 33067 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03192008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2676943	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 <u>Robert Kay & Associates PA</u> Street Address (P.O. Box Number is Not Acceptable) <u>96 Robert Kay & Assoc.</u> <u>6261 NW 6th Way Ste 103</u> City <u>Fort Lauderdale</u> FL Zip Code <u>33309</u>
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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 <u>Robert Kay President</u> DATE <u>3-28-08</u>
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATZ, ROBERT 655 TRACE CIRCLE 102 DEERFIELD BEACH, FL 33441 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLINE, MARYBELL 561 TIVOLI TRACE CIRCLE SUITE 103 DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RANTA, ROBEA 545 TRACE CIRCLE #204 DEERFIELD BEACH, FL 33441 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIBIERO, NELSON 523 TRACE CIRCLE 101 DEERFIELD BEACH, FL 33441 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOYER, ENIGIL 522 TRACE CIRCLE 203 DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 reports is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a director or officer 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 the report or supplemental report, or on an attachment with an address, with all other like empowered.	SIGNATURE <u>Robert Kay</u> DATE <u>3/19/08</u> DAYTIME PHONE # <u>954429835</u>
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