

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90189 033 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2676943**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SWATT, MYRON I
PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **PD** ☐ Delete
NAME **CLINE, MARYBELL**
STREET ADDRESS **561 TIVOLI TRACE CIRCLE UNIT 103**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **SD** ☒ Delete
NAME **BACH, JULIE**
STREET ADDRESS **522 TIVOLI TRACE CIRCLE 206**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **VPD** ☒ Delete
NAME **GERMANDO, LINDA**
STREET ADDRESS **567 TIVOLI TRACE CIRCLE UNIT 212**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **TD** ☒ Delete
NAME **PARKS, CHRISTIAN**
STREET ADDRESS **588 TIVOLI TRACE CIRCLE UNIT 201**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition
NAME **MROZINSKI, UNDA**
STREET ADDRESS **522 TIVOLI TRACE CIRCLE UNIT 103**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE ☒ Change ☒ Addition
NAME **CYRIL GAZAGNAIRE**
STREET ADDRESS **545 TIVOLI TRACE CIRCLE UNIT 111**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☒ Change ☒ Addition
NAME **JULIA GAZAGNAIRE**
STREET ADDRESS **545 TIVOLI TRACE CIRCLE UNIT 111**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARYBELL CLINE 3/4/03 561-889-5001

CR2E037 (10/02)