

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000557

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** TIVOLI BY THE SEA (III) CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US

**New Principal Place of Business:**

**Current Mailing Address:**

215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US

**New Mailing Address:**

**FEI Number:** 59-3187020

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORMLEY, TERRY P  
215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CEDARLEAF, CALVIN  
Address: 5288 TIVOLI DR  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: DV ( ) Delete  
Name: HOGAN, BEN  
Address: 2017 MORRIS AVE STE 300  
City-St-Zip: BIRMINGHAM, AL 35203 US

Title: DST ( ) Delete  
Name: MCIVOR, CAROL  
Address: 2661 RICHPOUND RD  
City-St-Zip: BOWLING GREEN, KY 42103 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL MCIVOR

S

04/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date