
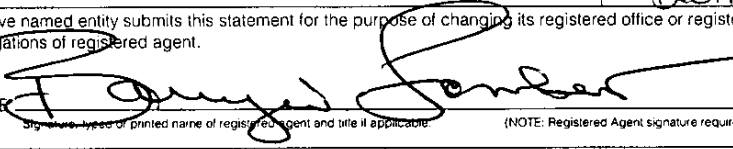


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90040 031 ****61.25

DOCUMENT # N94000003530 1. Entity Name TIVOLI TERRACE OWNERS ASSOCIATION, INC.			
Principal Place of Business 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US		Mailing Address 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US	
2. Principal Place of Business - No P.O. Box # 12273 US Hwy 98 Suite, Apt. #, etc. 208 City & State Destin, FL Zip 32550 Country US		3. Mailing Address 12273 US Hwy 98 Suite, Apt. #, etc. Suite 208 City & State Destin, FL Zip 32550 Country US	
6. Name and Address of Current Registered Agent GORMLEY, TERRY P 215 GRAND BLVD. SUITE 200 MIRAMAR BEACH, FL 32550		7. Name and Address of New Registered Agent Name Barry Lambert Street Address (P.O. Box Number is Not Acceptable) 12273 US Hwy 98 Suite 208 City Destin FL Zip Code 32550	
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  DATE 02/08/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DV EDWARDS, BOB 360 WATERFRONT PARK LANE DAWSONVILLE, GA 30534	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MILLER, STEPHEN 501 AUDUBON DR EVANSVILLE, IN 47715	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARASIA, JAMES 5440 TIVOLI TERRACE MIRAMAR BEACH, FL 32550	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, DOUG 1115 RIVERCREST DR CHATTANOOGA, TN 37415	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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: James J. Marasia <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		JAMES J. MARASIA 3/13/08 850 687 0155 <small>Date Daytime Phone #</small>	

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4. FEI Number 59-3269321 Applied For Not Applicable

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