

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90033 039 \*\*\*150.00

<b>DOCUMENT # P02000038546</b> 1. Entity Name <b>HOME DEVCO/TIVOLI LAKES, INC.</b>					
Principal Place of Business <b>15340 JOG ROAD SUITE 100 DELRAY BEACH, FL 33446</b>			Mailing Address <b>15340 JOG ROAD SUITE 100 DELRAY BEACH, FL 33446</b>		
2. Principal Place of Business <b>5350 W. Atlantic Ave.</b> (Suite) Apt. #, etc. <b>100</b>		3. Mailing Address <b>5350 W. Atlantic Ave.</b> (Suite) Apt. #, etc. <b>100</b>			
City & State <b>Delray Beach, FL</b> Zip <b>33484</b>		City & State <b>Delray Beach, FL</b> Zip <b>33484</b>		4. FEI Number <b>04-3646351</b>	
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KORN, GARY A 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINBERG, ANDREW 15340 JOG ROAD, SUITE 100 DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Steinberg, Andrew 5350 W. Atlantic Ave. suite 100 Delray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PACOKA, STEPHEN 15340 JOG ROAD, SUITE 100 DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Pacocha, Stephen F. 5350 W. Atlantic Ave. suite 100 Delray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWARTZ, RICHARD 15340 JOG ROAD, SUITE 100 DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	Swartz, Richard 5350 W. Atlantic Ave. Delray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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.					
<b>SIGNATURE:</b> <b>Stephen F. Pacocha, S</b> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Home Devco/Tivoli Lakes LLC</b> <b>1-29-04</b> <b>561638 3600</b> Date Daytime Phone #					