

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000038546

1. Entity Name
HOME DEVCO/TIVOLI LAKES, INC.



Principal Place of Business
**5350 W. ATLANTIC AVE
SUITE 100
DELRAY BEACH, FL 33484**

Mailing Address
**5350 W. ATLANTIC AVE
SUITE 100
DELRAY BEACH, FL 33484**



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3646351

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KORN, GARY A
20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA, FL 33180**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STEINBERG, ANDREW
STREET ADDRESS 5350 W. ATLANTIC AVE, SUITE 100
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE SV
NAME PACOCHA, STEPHEN
STREET ADDRESS 5350 W. ATLANTIC AVE, SUITE 100
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE TD
NAME SWARTZ, RICHARD
STREET ADDRESS 5350 W. ATLANTIC AVE, SUITE 100
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/22/07-80011-001 150.00

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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen F. Pacocha 4/30/2007

Date

Daytime Phone #

561 638-3600