

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90003 050 ***550.00

DOCUMENT # P03000072723

1. Entity Name
TIVOLI COMMUNITY DEVELOPERS, INC.



Principal Place of Business
**6905 N WICKHAM ROAD
SUITE 501
MELBOURNE, FL 32940**

Mailing Address
**6905 N WICKHAM ROAD
SUITE 501
MELBOURNE, FL 32940**

40112651



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07152008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-0146046

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KUSH, ROBERT M
6905 N WICKHAM ROAD
SUITE 501
MELBOURNE, FL 32940**

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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SWAIN, LINDA**
STREET ADDRESS **6905 N WICKHAM ROAD SUITE 501**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **DVP** ☐ Delete
NAME **BUESCHER, KEITH**
STREET ADDRESS **6905 N WICKHAM ROAD SUITE 501**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **DP** ☐ Delete
NAME **KUSH, ROBERT M**
STREET ADDRESS **6905 N WICKHAM ROAD SUITE 501**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **DVPT** ☐ Delete
NAME **SIGMUND, JAMES L**
STREET ADDRESS **6905 N WICKHAM ROAD SUITE 501**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **DVP** ☒ Delete
NAME **MITCHELL, KENNETH R**
STREET ADDRESS **6905 N WICKHAM ROAD SUITE 501**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **SECY** ☒ Delete
NAME **PRINCE, FRANK R**
STREET ADDRESS **6905 N WICKHAM ROAD, SUITE 501**
CITY-ST-ZIP **MELBOURNE, FL 32940**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME **DP3 Kush, Robert M.**
STREET ADDRESS **6905 N. Wickham Rd, suite 501**
CITY-ST-ZIP **Melbourne, FL 32940**

TITLE ☒ Change ☐ Addition
NAME **DVPT Sigmund, James L**
STREET ADDRESS **6905 N. Wickham Rd, suite 501**
CITY-ST-ZIP **Melbourne, FL 32940**

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 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

Robert M. Kush

07/15/08

Date

Daytime Phone #