

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726936

Entity Name: TIVOLI BY THE SEA ASSOCIATION INC**Current Principal Place of Business:**6289 LAKE OSPREY DR.
SARASOTA, FL 34240**Current Mailing Address:**6289 LAKE OSPREY DR.
SARASOTA, FL 34240 US**FEI Number:** 59-1667313**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PROCARE ASSOCIATION MANAGEMENT INC
6289 LAKE OSPREY DR.
SARASOTA, FL 34240 US*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:** HASAN JOHN YILMAZ

04/28/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	PAAS, MICHELLE
Address	6289 LAKE OSPREY DRIVE
City-State-Zip:	SARASOTA FL 34240

Title	TREASURER
Name	ARMOUR, MICHAEL
Address	6289 LAKE OSPREY DRIVE
City-State-Zip:	SARASOTA FL 34240

Title	DIRECTOR
Name	WIEREC, DANIEL
Address	6289 LAKE OSPREY DRIVE
City-State-Zip:	SARASOTA FL 34240

Title	PRESIDENT
Name	KING , WILLIAM
Address	6289 LAKE OSPREY DRIVE
City-State-Zip:	SARASOTA FL 34240

Title	BOARD MEMBER
Name	HOBSON, KEITH
Address	6289 LAKE OSPREY DRIVE
City-State-Zip:	SARASOTA FL 34240

Title	ASST. SECRETARY
Name	ARMOUR , ALLYN
Address	6289 LAKE OSPREY DRIVE
City-State-Zip:	SARASOTA FL 34240

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE PAAS

TREASURER

04/28/2025

Electronic Signature of Signing Officer/Director Detail

Date