

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15955

Entity Name: TIVOLI TRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

890 TRACE DRIVE
DEERFIELD BEACH, FL 33441

Current Mailing Address:

C/O WATSON ASSOCIATION MANAGEMENT, LLC
1648 SE PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34952 US

FEI Number: 59-2676943

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLAZER & ASSOCIATES, PA
3113 STIRLING ROAD
201
HOLLYWOOD, FL 33312 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name RANTA, ROBERT
Address C/O WATSON ASSOCIATION
MANAGEMENT, LLC
1648 SE PORT ST LUCIE BLVD
City-State-Zip: PORT ST. LUCIE FL 34952

Title D
Name KAPLANIDIS, VASILLIOS
Address C/O WATSON ASSOCIATION
MANAGEMENT, LLC
1648 SE PORT ST LUCIE BLVD
City-State-Zip: PORT ST. LUCIE FL 34952

Title D
Name JEAN-PIERRE, KAREN
Address C/O WATSON ASSOCIATION
MANAGEMENT, LLC
1648 SE PORT ST LUCIE BLVD
City-State-Zip: PORT ST. LUCIE FL 34952

Title VP, T
Name NOTO, DINO G
Address C/O WATSON ASSOCIATION
MANAGEMENT, LLC
1648 SE PORT ST LUCIE BLVD
City-State-Zip: PORT ST. LUCIE FL 34952

Title S
Name GOMES, RAPHAEL
Address C/O WATSON ASSOCIATION
MANAGEMENT, LLC
1648 SE PORT ST LUCIE BLVD
City-State-Zip: PORT ST. LUCIE FL 34952

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: ROBERT RANTA

PRESIDENT

03/29/2024

Electronic Signature of Signing Officer/Director Detail

Date