

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11982 (8)

1. Corporation Name:

TIBURON PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

1128 SW CATALINA AVE.
PALM CITY FL 34990

Mailing Address

1128 SW CATALINA AVE.
PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/08/1985**
3a. Date of Last Report: **02/02/1994**

4. FEI Number: **59-2562416**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**FORTH, CHARLES W.
1128 SW CATALINA AVE.,
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Charles W. Forth* **Charles W. Forth, Treasurer** **April 29, 1995**

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINE, GEORGE	1.2 NAME	MARSHALL, KENNETH
STREET ADDRESS	842 SW CATALINA AVE	1.3 STREET ADDRESS	1126 SW TIBURON WAY
CITY - ST - ZIP	PALM CITY FL	1.4 CITY - ST - ZIP	PALM CITY, FL 34990
TITLE	VD	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, NEIL	2.2 NAME	LIBRATORE, MARK
STREET ADDRESS	1074 SW TIBURON WAY	2.3 STREET ADDRESS	1025 CATALINA ST
CITY - ST - ZIP	PALM CITY FL	2.4 CITY - ST - ZIP	PALM CITY, FL 34990
TITLE	SD	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'TOOLE, WILLIAM	3.2 NAME	GLIDER, CANDY
STREET ADDRESS	816 SW CATALINA AVE	3.3 STREET ADDRESS	841 CATALINA ST
CITY - ST - ZIP	PALM CITY FL	3.4 CITY - ST - ZIP	PALM CITY, FL 34990
TITLE	TD	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTH, CHARLES W	4.2 NAME	FORTH, CHARLES W
STREET ADDRESS	1128 SW CATALINA AVE	4.3 STREET ADDRESS	1128 SW CATALINA ST
CITY - ST - ZIP	PALM CITY FL	4.4 CITY - ST - ZIP	PALM CITY, FL 34990
TITLE	VD	5.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, KENNETH	5.2 NAME	W SCOTT GIBSON
STREET ADDRESS	1128 SW TIBURON WAY	5.3 STREET ADDRESS	919 SW CATALINA ST
CITY - ST - ZIP	PALM CITY FL	5.4 CITY - ST - ZIP	PALM CITY, FL 34990
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles W. Forth* **Charles W. Forth, Treasurer** **April 29, 1995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR