

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N11982 (8)**

1. Corporation Name

**TIBURON PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

1128 SW CATALINA AVE.  
PALM CITY FL 34990

1128 SW CATALINA AVE.  
PALM CITY FL 34990

3. Date Incorporated or Qualified  
**11/08/1985**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
**CARLUCCIO, THOMAS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1206 SW CATALINA ST**

83

84 City  
**PALM CITY**

FL

85 Zip Code  
**34990**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Thomas R. Carluccio Pres.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD**  DELETE  
NAME **LIBRATORE, MARK**  
STREET ADDRESS **1025 CATALINA ST**  
CITY-ST-ZIP **PALM CITY FL**

1.1 TITLE **PD**  Change  Addition  
1.2 NAME **CARLUCCIO, THOMAS**  
1.3 STREET ADDRESS **1206 SW CATALINA ST**  
1.4 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **SD**  DELETE  
NAME **GLIDER, CANDY**  
STREET ADDRESS **841 CATALINA ST**  
CITY-ST-ZIP **PALM CITY FL**

2.1 TITLE **VD**  Change  Addition  
2.2 NAME **SHUMATE, NORMAN**  
2.3 STREET ADDRESS **1074 SW TIBURON WAY**  
2.4 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **VD**  DELETE  
NAME **W SCOTT GIBSON**  
STREET ADDRESS **919 SW CATAKINA ST**  
CITY-ST-ZIP **PALM CITY FL**

3.1 TITLE **VD**  Change  Addition  
3.2 NAME **W SCOTT GIBSON**  
3.3 STREET ADDRESS **919 SW CATALINA ST**  
3.4 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **TD**  DELETE  
NAME **FORTH, CHARLES W**  
STREET ADDRESS **1128 SW CATALINA AVE**  
CITY-ST-ZIP **PALM CITY FL**

4.1 TITLE **TD**  Change  Addition  
4.2 NAME **FORTH, CHARLES W**  
4.3 STREET ADDRESS **1128 SW CATALINA ST**  
4.4 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **PD**  DELETE  
NAME **MARSHALL, KENNETH**  
STREET ADDRESS **1128 SW TIBURON WAY**  
CITY-ST-ZIP **PALM CITY FL**

5.1 TITLE **SD**  Change  Addition  
5.2 NAME **KNIGHT, DAVID**  
5.3 STREET ADDRESS **1178 SW TIBURON WAY**  
5.4 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **600001833940**  Change  Addition  
6.2 NAME **-05/22/96--01020--038**  
6.3 STREET ADDRESS **\*\*\*61.25**  
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 119.07(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 Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 23, 1996 (407) 288-3963*

Date

Daytime Phone #

CR2E037 (12/95)