

FILE NOW: FILING FEE IS \$61.25

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Feb 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N11982 (8)  
1. Corporation Name  
TIBURON PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: 3906 SW SAN CLEMENTE CT, PALM CITY FL 34960 US  
Mailing Address: P.O BOX 1961, PALM CITY FL 34991 US

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

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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country  
2a. Mailing Address (28) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
SHUMATE, NORMAN  
1074 TIBURON WAY  
PALM CITY FL 34990

10. Name and Address of New Registered Agent  
81 Name: Prestige Property Management of Martin County  
82 Street Address (P.O. Box Number is Not Acceptable): 7601 S.W. Lost River Drive  
83  
84 City: Stuart, FL 85 Zip Code: 34997

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: *[Signature]* BEN MENTO 2/2/98  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: TD	STILES, ELIZABETH 3906 SW SAN CLEMENTE CT PALM CITY FL	1.1 TITLE: TDS 1.2 NAME: Altman, Morton 1.3 STREET ADDRESS: 3935 San Clemente Court 1.4 CITY-ST-ZIP: Palm City, FL 34990
TITLE: PD	SHUMATE, NORMAN 1074 TIBURON WAY PALM CITY FL	2.1 TITLE: PD 2.2 NAME: Gibson, Scott W. 2.3 STREET ADDRESS: 919 S.W. Catalina Street 2.4 CITY-ST-ZIP: Palm City, FL 34990
TITLE: V.D.	GIBSON, SCOTT W. 919 SW CATALINA ST PALM CITY FL	3.1 TITLE: V.O. 3.2 NAME: Keller, Valorie 3.3 STREET ADDRESS: 3926 San Clemente Court 3.4 CITY-ST-ZIP: Palm City, FL 34990
TITLE: SD	DEACHIN, PAUL 1177 TIBURON WAY PALM CITY FL	4.1 TITLE: D 4.2 NAME: Knight, David 4.3 STREET ADDRESS: 1178 S.W. Tiburon Way 4.4 CITY-ST-ZIP: Palm City, FL 34990
TITLE: VD	KNIGHT, DAVID 1178 SW TIBURON WAY PALM CITY FL	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: DELETE <input type="checkbox"/>		6.1 TITLE: 6.2 NAME: 300002428763 6.3 STREET ADDRESS: -02/12/98--01048--005 6.4 CITY-ST-ZIP: ***61.25 Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* M... 2/11/98 561-219-5888

CR2E037 (10/97)