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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 18 AM 8:33

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11982

1. Corporation Name
TIBURON PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
3906 SW SAN CLEMENTE CT P.O BOX 1981
PALM CITY FL 34990 PALM CITY FL 34991
US US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/08/1985	4. FEI Number 59-2562416	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent PRESTIGE PROPERTY MGMT. OF MARTIN COUNTY 7601 SW LOST RIVER DRIVE STUART FL 34997	10. Name and Address of New Registered Agent 81 Name Condo Connection Inc 82 Street Address (P.O. Box Number is Not Acceptable) 3005 SE Woodring Lane 83 84 City Port St Lucie FL 85 Zip Code 34952
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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 *Gratia Brannigan* **Gratia Brannigan, agent**
for **Condo Connections Inc** DATE **1/9/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS ALTMAN, MORTON 3935 SW SAN CLEMENTE CT PALM CITY FL 34990	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Treasurer / Director MORTON ALTMAN 3935 SW San Clemente Court Palm City FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLER, VALERIE 3926 SAN CLEMENTE COURT PALM CITY FL 34990	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Director Bernadette Bowene 816 SW Catalina Street Palm City FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIBSON, SCOTT W. 919 SW CATALINA ST PALM CITY FL FL 34990	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Vice President / Director Thomas Carlisle 1206 SW Catalina Street Palm City FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, DAVID 1178 SW TIBURON WAY PALM CITY FL 34990	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Secretary / Director DAVID KNIGHT 1178 SW Tiburon Way Palm City FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	President / Director Loeagan Stiles 3906 SW San Clemente Court, Palm City FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *David Knight* DATE **1/8/99** TELEPHONE **288-6991**

CR2E037 (11/98)