


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90063 043 \*\*\*\*70.00

**DOCUMENT # N11982**

1. Entity Name  
**TIBURON PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1074 SW TIBURON WAY  
 PALM CITY, FL 34990**

Mailing Address  
 % BRISTOL MGMT  
 1930 COMMERCE LANE STE 1  
 JUPITER, FL 33458 US



2. Principal Place of Business - No P.O. Box #  
**NO CHANGE - CHECK SP OF "TIBURON"**

3. Mailing Address  
**PO BOX 572**

Suite, Apt. #, etc. Suite, Apt. #, etc.

07032007 Chg-NP CR2E037 (12/06)

City & State  
**PALM CITY, FL**

City & State  
**PALM CITY, FL**

Zip Country Zip Country  
**34990 USA 34990 USA**

4. FEI Number  
**59-2562416**

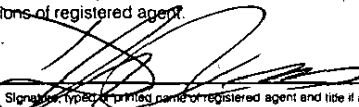
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRISTOL MANAGEMENT  
 1930 COMMERCE SUITE 1  
 JUPITER, FL 33458**

7. Name and Address of New Registered Agent  
 Name  
**Deborah Rossi Esq.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Ross Park Rowan PA**  
**759 S. Federal Highway #212**  
 City  
**Stuart** FL Zip Code  
**34994**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **7/3/07**

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by September 14, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD NAME GOLOD, MARY STREET ADDRESS 1179 SW CATALINA ST CITY-ST-ZIP PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete	TITLE SD NAME ANDREA RAPHAEL STREET ADDRESS 842 SW CATALINA ST CITY-ST-ZIP PALM CITY, FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME STILES, LORREN STREET ADDRESS 3906 S.W. SAN CLEMENTE COWER CITY-ST-ZIP PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE PD NAME THOMAS HAACK STREET ADDRESS 789 CATALINA ST CITY-ST-ZIP PALM CITY, FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BERNING, FRED STREET ADDRESS 1127 SW CATALINA STREET CITY-ST-ZIP PALM CITY, FL 34990	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME STIPO, DANA STREET ADDRESS 1203 SW TIBURON WAY CITY-ST-ZIP PALM CITY, FL 34990	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **7/27/07** DAYTIME PHONE # **861-775-5595**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR