

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED

09-04200290093 027 ****61.25
NOI000003327

02 SEP 10 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NOI000003327

1. Entity Name **SERAFINA AT TIBURON
HOMEOWNERS ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 24301 WALDEN CENTER DR		3. Mailing Address 24301 WALDEN CENTER DR	
Suite, Apt. #, etc. 300		Suite, Apt. #, etc. 300	
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL	
Zip 34134	County USA	Zip 34134	County USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1124404	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name VIVIEN N. HASTINGS	
Street Address (P.O. Box Number is Not Acceptable) 24301 WALDEN CENTER DR	
City BONITA SPRINGS	FL Zip Code 34134

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to
Department of State

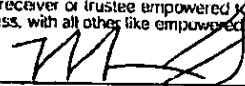
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIEFENBACH, RENEE 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLINN, MILTON G. 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KENNEDY, LYNDA 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **MILTON G. FLINN** 8/26/02 813-634-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)