2004 NOT-FOR-PROFIT CORPORATION

Apr 08, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N01000003327 04-08-2004 90011 020 ****61.25 SERAFINA AT TIBURON HOMEOWNERS' ASSOCIATION, Principal Place of Business Mailing Address 24301 WALDEN CENTER DRIVE 24301 WALDEN CENTER DRIVE SUITE 300 SUITE 300 BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152004 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 65-1124404 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HASTINGS, VIVIEN N Street Address (P.O. Box Number is Not Acceptable) 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. П Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Addition BENEDICT, IAN HESSEL, MICHAEL NAME NAME 24301 WALDEN CENTER DRIVE STREET ADDRESS 24301 WALDEN CENTER DRIVE STREET ADDRESS BONITA SPRINGS FL 34134 CITY-ST-ZIP BONITA SPRINGS, FL 34134 CtTY-ST-ZtP TITI F Deleta TITI S Addition HESSEL, MICHAEL KENNEDY, LYNDA NAME NAME 24301 WALDEN CENTER DRIVE STREET ADDRESS 24301 WALDEN CENTER DRIVE STREET ADDRESS BONITA SPRINGS, FL 34134 CITY-ST-ZIP CITY-ST-20P BONITA SPRINGS FL 34134 Delete TITLE TITLE Change ____ Addition KEITH, SYLVIA KEITH, SYLVIA NAME NAME 2020 CLUBHOUSE DR. STREET ADDRESS 2020 CLUBHOUSE DR. STREET ADDRESS SUN CITY CENTER, FL 33573 CITY-ST-7IP SUN CITY CENTER FL. 33573 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP

12. 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 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 ay address, with all other like empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-642-1454

Daytime Phone #

FILED