

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90269 040 ****61.25

DOCUMENT # N01000003327

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



50005685



Principal Place of Business
**24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS, FL 34134**

Mailing Address
**24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS, FL 34134**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01172006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-1124404

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 Due by May 1, 2006

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	VPD	<input type="checkbox"/> Delete		TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEITH, SYLVIA			NAME	KEITH, SYLVIA		
STREET ADDRESS	2020 CLUBHOUSE DR.			STREET ADDRESS	2020 CLUBHOUSE DR		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573			CITY-ST-ZIP	SUN CITY CENTER, FL 33571		
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BENEDICT, IAN			NAME	TERRY, SHEILA		
STREET ADDRESS	24301 WALDEN CENTER DRIVE			STREET ADDRESS	24301 WALDEN CENTER DR		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP	BONITA SPRINGS, FL 34134		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEWART, MARION A II			NAME			
STREET ADDRESS	24301 WALDEN CENTER DR			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Sylvia Keith **SYLVIA KEITH** 3/26/06 813-642-1454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #