

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003069

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** ESCADA AT TIBURON HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

24301 WALDEN CENTER DR  
300  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

ESCADA DR - ESCADA CT  
NAPLES, FL 34109

**Current Mailing Address:**

24301 WALDEN CENTER DR  
300  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

COLLIER FINANCIAL  
4985 TAMiami TrL E  
NAPLES, FL 34113

**FEI Number:** 59-3646895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HASTINGS, VIVIEN N  
24301 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

HAYDEN, KEN  
8359 BEACON BLVD  
SUITE 213  
FT MYERS, FL 33907 US

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: KEN HAYDEN

04/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: KEITH, SYLVIA  
Address: 2020 CLUBHOUSE DR  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: PD ( ) Delete  
Name: STEWART, MARION A II  
Address: 24301 WALDEN CENTER DR.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD ( ) Delete  
Name: DVCROZNAK, BRIAN  
Address: 24301 WALDEN CENTER DR  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FERRARI, R KEITH  
Address: 2531 ESCADA CT  
City-St-Zip: NAPLES, FL 34109

Title: TD (X) Change ( ) Addition  
Name: ZLOBL, ROBERT S  
Address: PO BOX 100834  
City-St-Zip: CAPE CORAL, FL 33910

Title: VSD (X) Change ( ) Addition  
Name: HOLTON, DON  
Address: 2552 ESCADA DR  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R KEITH FERRARI

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date