08-06-2002 90279 031 ****61.25
N00000005731

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

02 AUG -9 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

123520

DOCUMENT N00000005731

1. Entity Name: CAYMAN II AT TARPON BAY CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3687118 ☐ Applied For ☐ Not Applicable

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

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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 SUITE 300

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 _____ DATE

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

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	VPD
NAME	FLINN, MILTON G.
STREET ADDRESS	24301 WALDEN CENTER DR.
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	PD
NAME	TIEFENBACH, RENEE
STREET ADDRESS	24201 WALDEN CENTER DR.
CITY-ST-ZIP	BONITA SPRINGS, FL. 34134
TITLE	STD
NAME	KEITH, SYLVIA K.
STREET ADDRESS	2020 CLUBHOUSE DR.
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sylvia Keith 6-25-02 813-642-1454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #