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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007299
1. Entity Name CASTILLO I AT TIBURON CONDOMINIUM ASSOCIATION, INC.

123516

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 24301 WALDEN CENTER DR 3. Mailing Address 24301 WALDEN CENTER DR

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc. 300 Suite, Apt. #, etc. 300

City & State BONITA SPRINGS, FL City & State BONITA SPRINGS, FL

4. FEI Number 59-3687119 Applied For Not Applicable

Zip 34134 Country USA Zip 34134 Country USA

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEES: \$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 PD
NAME TIEFENBACH, RENEE
STREET ADDRESS 24301 WALDEN CENTER DR.
CITY- ST- ZIP BONITA SPRINGS, FL. 34134

TITLE VD
NAME FLINN, MILTON G.
STREET ADDRESS 24301 WALDEN CENTER DR.
CITY- ST- ZIP BONITA SPRINGS, FL 34134

TITLE STD
NAME KENNEDY, LYNDA
STREET ADDRESS 24301 WALDEN CENTER DR.
CITY- ST- ZIP BONITA SPRINGS, FL. 34134

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CITY- ST- ZIP _____

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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: [Signature] MILTON FLINN Date 7-25-02 Daytime Phone # 941-949-3271

CR2E037B (12/01)