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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # N00000007299

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

DO NOT WRITE IN THIS SPACE

123516

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 59-3687119 — 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 _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
PD TIEFENBACH, RENEE 24301 WALDEN CENTER DR. BONITA SPRINGS, FL. 34134	
VD FLINN, MILTON G. 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134	
STD KENNEDY, LYNDA 24301 WALDEN CENTER DR. BONITA SPRINGS, FL. 34134	

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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: _____ MILTON FLINN 7-25-02 941-949-3271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #