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

[redacted]
05-05-2003 91782 037 ****61.25
N00000007299

FILED
03 JUL 16 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
55050391

DOCUMENT # N00000007299

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

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: 59-368 7119 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: WCI COMMUNITIES PROPERTY MGMT, INC.
Street Address (P.O. Box Number is Not Acceptable): 24201 WALDEN CENTER DR
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: Sylvia Keith SYLVIA KEITH SECRETARY 12-10-02
(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	P
NAME	WYVILL, WAYNE
STREET ADDRESS	12540 PLANTATION COURT
CITY-ST-ZIP	DUNKIRK, MD. 20754
TITLE	V.P
NAME	KUTNER, MARK
STREET ADDRESS	35 SPRING HILL Rd.
CITY-ST-ZIP	FAIRFIELD, CT. 06430
TITLE	ST
NAME	FRIEDMAN, MEL
STREET ADDRESS	8108 ANITA ROAD
CITY-ST-ZIP	BALTIMORE, MD. 21208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TO

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Wayne Wyvill 4/29/03 239-594-3183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #