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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

123517

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

DOCUMENT # N00000007300

1. Entity Name CASTILLO II AT TIBURON 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 65-1063186 ☐ Applied For ☐ Not Applicable

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 _____ 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	VD	TITLE	
NAME	FLINN, MILTON G.	NAME	
STREET ADDRESS	24301 WALDEN CENTER DR.	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	KENNEDY, LYNDA	NAME	
STREET ADDRESS	24301 WALDEN CENTER DR.	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	TIEFENBACH, RENEE	NAME	DO NOT WRITE
STREET ADDRESS	24301 WALDEN CENTER DR.	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE		TITLE	IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #