

AMENDED

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

FILED

02 OCT 25 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007302  
1. Entity Name CASTILLO III AT TIBURON  
CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1063187 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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		700008596897 10/25/02 01086 004 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD TIEFENBACH, RENEE 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD FLINN, MILTON G. 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>STD KENNEDY, LYNDA 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>RC/collec</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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)(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: MILTON G. FLINN 10.21.02 813-634-3311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #