


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90189 035 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000007302					
1. Entity Name CASTILLO III AT TIBURON CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 24301 WALDEN CENTER DRIVE, SUITE 300 BONITA SPRINGS, FL 34134		Mailing Address 24301 WALDEN CENTER DRIVE, SUITE 300 BONITA SPRINGS, FL 34134			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1063187	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE, SUITE 300 BONITA SPRINGS, FL 34134			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature and printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when registering)</small>					
FILE NOW - FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TIEFENBACH, RENEE	NAME	KEITH, SYLVIA		
STREET ADDRESS	24301 WALDEN CENTER DRIVE, SUITE 300	STREET ADDRESS	2020 BLUEHOUSE DR.		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	SUN CITY CENTER, FL 33574		
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE			
NAME	FLINN, MILTON G	NAME			
STREET ADDRESS	24301 WALDEN CENTER DRIVE, SUITE 300	STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE			
NAME	KEENEEDY, LYNDA	NAME			
STREET ADDRESS	24301 WALDEN CENTER DRIVE, SUITE 300	STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Sylvia Keith</i> SYLVIA KEITH 4/14/03 813-642-1454					

90089265



CHECK HERE IF MAKING CHANGES

0312E037 (10/02)