AMENDED

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

06-08-2006 90003 005 ****35.00
N01000002215

FILED
06 JUL 11 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002215

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

| Principal Place of Business | Mailing Address |
|---|---|
| 24301 WALDEN CENTER DR., STE. 300<br>BONITA SPRINGS, FL 34134 US | 24301 WALDEN CENTER DR., STE. 300<br>BONITA SPRINGS, FL 34134 US |

05052006 Chg-NP CR2E037 (4/06)

| 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 59-3739553 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N
24301 WALDEN CENTER DR., STE. 300
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name: LESLIE PRICE
Street Address (P.O. Box Number is Not Acceptable): 2748 TIBURON BLVD. EAST #C302
City: NAPLES FL Zip Code: 34109

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: [signature] 700078234597 09/01/06--01095--034 **25.25
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>STEWART, MARION A II<br>24301 WALDEN CENTER DRIVE<br>BONITA SPRINGS, FL 34134 | ☒ Delete | DP<br>MILANO, LOUIS<br>2728 TIBURON BLVD. EAST<br>NAPLES, FL. 34109 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>VERRICO, ERNEST<br>17 WISHING WELL LANE<br>STAMFORD, CT 06902 | ☒ Delete | DT<br>GORI, FRANK<br>15420 SUFFOLK LN.<br>CHAGRIN FALLS, OH. 44022 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>KEITH, SYLVIA<br>2020 CLUBHOUSE DR<br>SUN CITY CENTER, FL 33573 | ☒ Delete | DVP<br>CIPOLETTA, JIM<br>217 CLIFF AVE.<br>WINTHROP, MA. 02152 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | DS<br>PRICE, LESLIE<br>2748 TIBURON BLVD. EAST #C302<br>NAPLES, FL 34109 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | D<br>KATZ, TONY<br>6 OAK RIDGE DR.<br>SOUTH SALEM NY 10590 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BARR, MARK<br>853 VANDERBILT BEACH RD. #328<br>NAPLES, FL. 34108 | ☒ Delete ADD | D<br>STEVENS, HELENE<br>50 EAST 77TH ST.<br>NY, NY 10021 | ☐ Change ☒ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Mic Milano MAY 17, 2006 272-3007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #