

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90004 034 \*\*\*\*61.25

**DOCUMENT # N01000002215**

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



Principal Place of Business  
24301 WALDEN CENTER DR., STE. 300  
BONITA SPRINGS, FL 34134 US

Mailing Address  
24301 WALDEN CENTER DR., STE. 300  
BONITA SPRINGS, FL 34134 US

**40029991**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-3739553

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

PRICE, LESLIE  
2748 TIBURON BLVD. EAST  
#C302  
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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 May 1, 2007**

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

TITLE DP ☐ Delete  
NAME MILAND, LOUIS  
STREET ADDRESS 2728 TIBURON BLVD. EAST  
CITY-ST-ZIP NAPLES, FL 34109

TITLE DT ☐ Delete  
NAME GORI, FRANK  
STREET ADDRESS 15420 SUFFOLK LN  
CITY-ST-ZIP CHAGRIN FALLS, OH 44022

TITLE DVP ☐ Delete  
NAME CIPOLETTA, JIM  
STREET ADDRESS 217 CLIFF AVE.  
CITY-ST-ZIP WINTHROP, MA 02152

TITLE DS ☐ Delete  
NAME PRICE, LESLIE  
STREET ADDRESS 2748 TIBURON BLVD. EAST  
CITY-ST-ZIP NAPLES, FL 34109

TITLE D ☐ Delete  
NAME KATZ, TONY  
STREET ADDRESS 6 OAK RIDGE DR.  
CITY-ST-ZIP SOUTH SALEM, NY 10590

TITLE D ☐ Delete  
NAME STEVENS, HELENE  
STREET ADDRESS 50 EAST 77TH ST.  
CITY-ST-ZIP NY, NY 10021

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME BARR, MARK  
STREET ADDRESS 853 VANDERBILT BEACH RD. #328  
CITY-ST-ZIP NAPLES, FL. 34108

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Louis Milano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 14, 2007  
Date

239-272-3007  
Daytime Phone #