

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002215

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

TIBURON BLVD E
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

%COLLIER FINANCIAL
4985 TAMiami TrL E
NAPLES, FL 34113 US

FEI Number: 59-3739553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARR, MARK
853 VANDERBILT BEACH RD
#328
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BARR, MARK
Address: 853 VANDERBILT BEACH RD #328
City-St-Zip: NAPLES, FL 34108

Title: DT () Delete
Name: ROSSI, CHRISTOPHER
Address: 2340 SUTTON RD
City-St-Zip: YORK, PA 17403

Title: DP () Delete
Name: CIPOLETTA, JIM
Address: 217 CLIFF AVE.
City-St-Zip: WINTHROP, MA 02152

Title: DV () Delete
Name: KATZ, TONY
Address: 6 OAK RIDGE DR.
City-St-Zip: SOUTH SALEM, NY 10590

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: CIPOLETTA, JAMES
Address: 217 CLIFF AVE.
City-St-Zip: WINTHROP, MA 02152

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: DAVIS, LONNIE
Address: 16 CANDACE COURT
City-St-Zip: RICHBORO, PA 18954

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES CIPOLETTA

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date