

AMENDED

09-04:2002:90093 027 \*\*\*\*61.25  
NOT000003327

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

02 SEP 10 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO1000003327**  
1. Entity Name **SERAFINA AT TIBURON  
HOMEOWNERS ASSOCIATION, INC.**

**DO NOT WRITE IN THIS SPACE**

978173

2. Principal Place of Business **24301 WALDEN CENTER DR**  
Suite, Apt. #, etc. **300**

3. Mailing Address **24301 WALDEN CENTER DR**  
Suite, Apt. #, etc. **300**

DO NOT WRITE IN THIS SPACE

City & State **BONITA SPRINGS, FL**  
Zip **34134** County **USA**

City & State **BONITA SPRINGS, FL**  
Zip **34134** Country **USA**

4. FEI Number **65-1124404**  
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**

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 \_\_\_\_\_

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

TITLE **PD**  
NAME **TIEFENBACH, RENEE**  
STREET ADDRESS **24301 WALDEN CENTER DR.**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **VD**  
NAME **FLINN, MILTON G.**  
STREET ADDRESS **24301 WALDEN CENTER DR.**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **STD**  
NAME **KENNEDY, LYNDIA**  
STREET ADDRESS **24301 WALDEN CENTER DR**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

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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** 8/26/02 813-634-3311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)