


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90034 012 \*\*\*\*61.25

**DOCUMENT # N01000003327**

1. Entity Name  
**SERAFINA AT TIBURON HOMEOWNERS' 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

4004200



01312005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-1124404**

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 DRIVE  
 BONITA SPRINGS, FL 34134**

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, 2005**

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	D	<input checked="" type="checkbox"/> Delete
NAME	HESEL, MICHAEL	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HESEL, MICHAEL	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KEITH, SYLVIA	
STREET ADDRESS	2020 CLUBHOUSE DR.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BENEDICT, IAN	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, MARION A. II	
STREET ADDRESS	24301 WALDEN CENTER DR.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(i), 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: Sylvia Keith SYLVIA KEITH 3/28/05 813-642-1454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #