


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90035 029 ****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
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40056972



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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01242007 Chg-NP CR2E037 (12/06)

City & State	City & State
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4. FEI Number 65-1124404	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 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	STD	<input type="checkbox"/> Delete
NAME	KEITH, SYLVIA	
STREET ADDRESS	2020 CLUBHOUSE DR.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STEWART, MARION A II	
STREET ADDRESS	24301 WALDEN CENTER DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TERRY, SHEILA	
STREET ADDRESS	24301 WALDEN CENTER DR	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DYOROZNAK, BRIAN	
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 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: *Sylvia Keith* SYLVIA KEITH 4/9/07 813-642-1454
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #