

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90026 007 ****61.25

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03272008 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #
 2874 Tiburon Blvd. E.

3. Mailing Address
 2874 Tiburon Blvd. E.

Suite, Apt. #, etc.

City & State
 Naples, Florida

City & State
 Naples, Florida

4. FEI Number
 65-1124404

Applied For
 Not Applicable

Zip
 34109

Country
 Collier

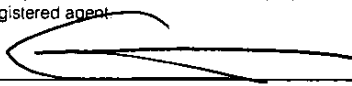
Zip
 34109

Country
 Collier

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134		Name Naples-Lawdock, Inc.	
		Street Address (P.O. Box Number is Not Acceptable)	
		1395 Panther Lane, Suite 300	
		City Naples	FL Zip Code 34109

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  Vice President DATE 4/14/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE STD	NAME KEITH, SYLVIA	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME Debra Hall	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2020 CLUBHOUSE DR.	CITY-ST-ZIP SUN CITY CENTER, FL 33573		STREET ADDRESS 2874 Tiburon Blvd. E., Naples, FL	CITY-ST-ZIP 34109	
TITLE PD	NAME STEWART, MARION A II	<input checked="" type="checkbox"/> Delete	TITLE VPD	NAME Mike Pedone	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 24301 WALDEN CENTER DR	CITY-ST-ZIP BONITA SPRINGS, FL 34134		STREET ADDRESS 2874 Tiburon Blvd. E., Naples, FL	CITY-ST-ZIP 34109	
TITLE VPD	NAME DYOROZNAK, BRIAN	<input checked="" type="checkbox"/> Delete	TITLE TD	NAME Frank Roda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 24301 WALDEN CENTER DR	CITY-ST-ZIP BONITA SPRINGS, FL 34134		STREET ADDRESS 2874 Tiburon Blvd. E., Naples, FL	CITY-ST-ZIP 34109	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE SD	NAME George Powell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS 2874 Tiburon Blvd. E., Naples, FL	CITY-ST-ZIP 34109	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE D	NAME Sally Dupler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS 2874 Tiburon Blvd. E., Naples, FL	CITY-ST-ZIP 34109	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		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: Debra J. Hall Debra Hall as President of Serafina 4-8-08 202-746-1303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #